

AC-9934

SOMERSET COUNTY COUNCIL



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1968

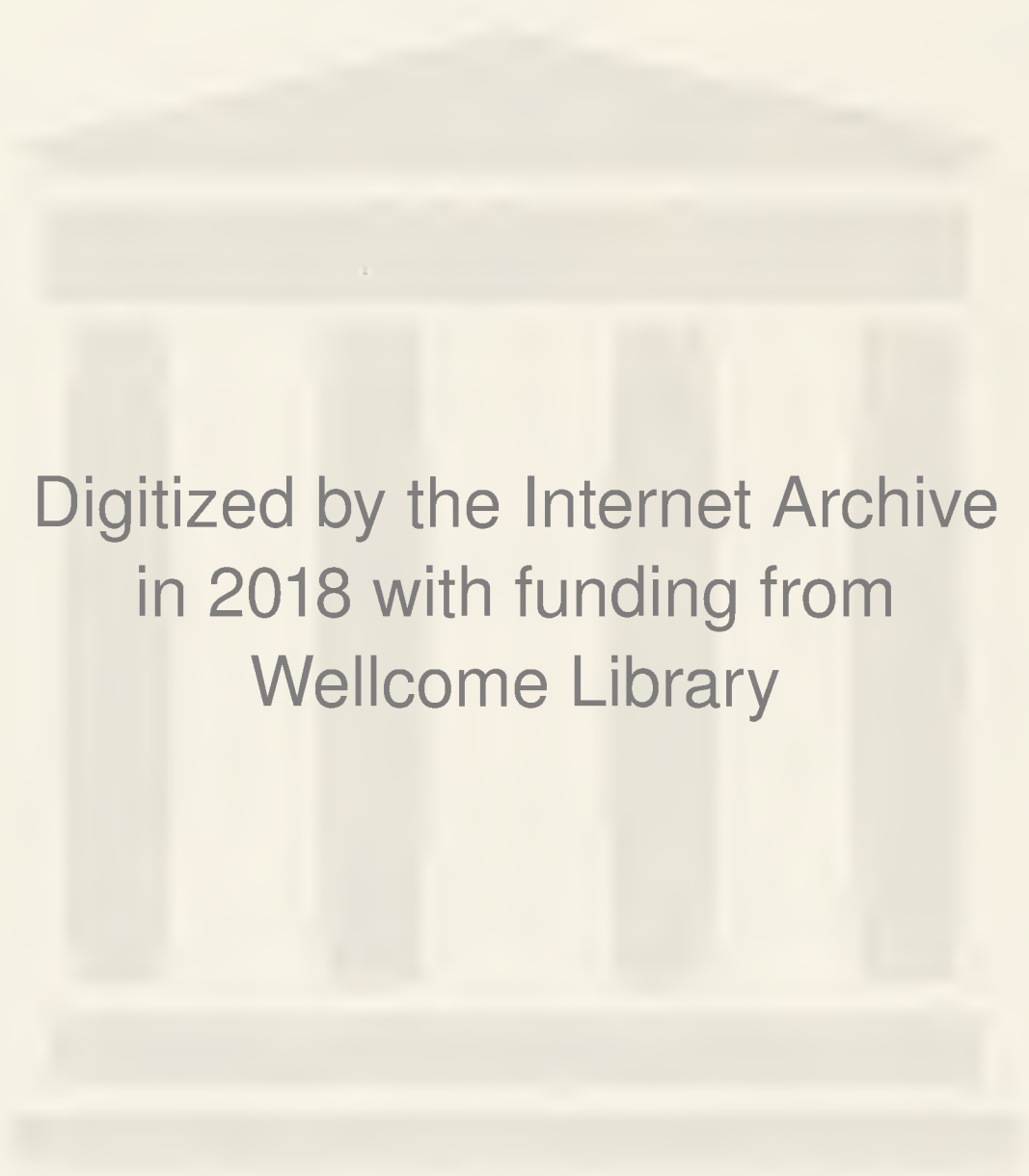
A. PARRY JONES,

M.B., B.CH., D.P.H.

County Medical Officer of Health.

PRINCIPAL CONTENTS

Staff	2
Vital Statistics	4
Comment on Vital Statistics	4
Ambulance Service	34
Camping and Caravan Sites	64
Chiropody	38
Health Centres	6
Home Help Service	27
Housing	57
Ice-Cream	75
Infectious and Other Diseases—Prevention of, and Control over	5
Maternal and Child Welfare	7
Mental Health Services	39
Milk-in-Schools Scheme	74
Nursing Services	20
Sanitary Circumstances	61
School Meals Service	75
School Swimming Pools	65
Sewage Disposal	51
Smoke Act, 1965	75
Supervision over the Food Supply	67
Vaccination and Immunisation	31
Water Supplies	44



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30112102>

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
OF THE SOMERSET COUNTY COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for 1968 on the Public Health Services of Somerset.

The Report presents a general survey of these services, together with the detailed statistical information required by the Department of Health and Social Security.

The scheme for using the County computer to call up children to General Practitioners' surgeries for vaccination and immunisation made very considerable progress. Approximately two-thirds of the children under eleven years of age and nearly two hundred general practitioners were included by the end of the year. Already there has been a worthwhile improvement in the various County immunisation rates and these are well above the national figures for 1968. It is hoped that the scheme will soon cover the County completely.

The arrangements for the obstetric "Flying Squad" in the North Eastern area have been improved and I am grateful to the Hospital Board and to the Consultants for their efforts, despite staff shortages.

I wish to acknowledge the help received from other Departments of the County Council and would also like to thank the hospitals and general practitioners for their assistance in our work.

Finally I would pay tribute to the many voluntary workers on whom we rely so heavily. The help they give to many of our services is valued highly by your professional staff.

I am,

Yours faithfully,

A. PARRY JONES,

County Medical Officer of Health.

County Hall,
Taunton.

September, 1969.

STAFF

The following are the Senior Public Health Officers:-

CENTRAL OFFICE STAFF:

County Medical Officer of Health:

Principal School Medical Officer:

A. PARRY JONES, M.B., B.Ch., D.P.H.

Deputy County Medical Officer of Health:

Deputy Principal School Medical Officer:

J. BEASLEY, M.B., B.S., D.P.H.

Senior Medical Officer for Maternal and Child Welfare:

B. MARY THOMPSON, M.D., B.S., D.P.H.

Senior Assistant County Medical Officer:

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst. R.C.O.G.

Chief Dental Officer:

QUENTIN A. DAVIES, L.D.S., R.C.S. (Eng.)

County Public Analyst:

JOAN D. PEDEN, B.Sc., F.R.I.C.

County Health Inspector:

C. E. WATERFALL, M.I.P.H.E., M.A.P.H.I.

Principal Administrative Officer:

R. F. COTTRELL, D.P.A.

County Ambulance Officer:

R. S. J. BISHOP, D.P.A., F.I.A.O.

Mental Health Officer:

A. H. EDWARDS, M.B.E., D.P.A., F.C.C.S.

County Nursing Officer:

MISS F. E. HOUGHTON, S.R.N., S.C.M., H.V., Q.N.

Home Help Organiser:

MISS L. C. E. CHALK, M.I.H.H.O.

AREA STAFF:

P. P. FOX, M.B., Ch.B., D.P.H.

Area Medical Officer to Combined Area 'D' (Yeovil Borough, Yeovil Rural and Wincanton Rural Districts).

D. McGOWAN, M.B., Ch.B., D.P.H.

Area Medical Officer to Combined Area 'H' (Weston-super-Mare Borough and Axbridge Rural District).

H. MORRISON, M.B., Ch.B., D.P.H.

Area Medical Officer to Combined Area 'L' (Taunton Borough, Taunton Rural, Wellington Urban and Wellington Rural Districts).

N. NEWMAN, M.B., Ch.B., D.P.H.

Area Medical Officer to Combined Area 'E' (Frome Urban and Rural, Bathavon Rural, Keynsham Urban, Clutton Rural and Norton Radstock Urban Districts).

R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H.	<i>Area Medical Officer to Combined Area 'J' (Bridgwater Borough, Bridgwater Rural and Burnham-on-Sea Urban Districts).</i>
A. M. McCALL, M.R.C.S., L.R.C.P. S.P.H.	<i>Area Medical Officer to Combined Area 'A' (Chard Borough, Ilminster Urban, Crewkerne Urban, Langport and Chard Rural Districts).</i>
D. E. CLARE, M.B., B.S., D.P.H.	<i>Area Medical Officer to Combined Area 'C' (Shepton Mallet Urban and Rural, Wells City, Wells Rural, Street Urban District and Glastonbury Borough).</i>
VALERIE N. BAKER, M.B., Ch.B., D.R.C.O.G., D.P.H.	<i>Area Medical Officer to Combined Area 'G' (Clevedon Urban, Long Ashton and Portishead Urban Districts.)</i>

COMMITTEES

The following are concerned in matters of public health:-

HEALTH COMMITTEE : and its Sub-Committees for : Midwifery and Nursing Services, and for
Mental Health Services.

SUMMARY OF VITAL STATISTICS

Area (in acres):	...	1,024,9
Population (1968)	...	572,96
Live Births—		
Number: 8,866 Rate per 1,000 population:	...	15.5
Illegitimate Live Births—		
Number: 561 Rate per cent of total live births:	...	6.31
Stillbirths—		
Number: 126 Rate per 1,000 live and still births:	...	14.01
Total Live and Stillbirths—		
Number: 8,992 Rate per 1,000 population:	...	15.70
Infant Deaths (deaths under 1 year):	...	139
Infant Mortality Rates—		
Total Infant deaths (139) per 1,000 total live births:	...	15.64
Legitimate Infant deaths (127) per 1,000 legitimate live births:	...	15.29
Illegitimate Infant deaths (12) per 1,000 illegitimate live births:	...	21.39
Neo-natal Mortality Rate (deaths under 4 weeks) (99) per 1,000 total live births:	...	11.02
Early Neo-natal Mortality Rate (deaths under 1 week) (83) per 1,000 total live births:	...	9.24
Peri-natal Mortality Rate (stillbirths and deaths under 1 week combined) (209) per 1,000 total live and stillbirths:	...	23.24

Comment on Vital Statistics—Registrar General's Figures

The County population increased by over 13,000 during the year. In spite of this, however, births fell again by a very small number for the third year in succession. The live birth rate is below 16 per 1,000 for the first time since 1961.

Illegitimate births also fell this year — a pattern recurring each fifth year since 1958. Stillbirth and infant death rates for this group are still higher than the average.

The tables on pages 18 & 19 show little dramatic change in stillbirth, infant death or peri-natal death rates but this year they all show a slight upward fluctuation after the very low rates of 1967. Only one death during pregnancy was recorded.

PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Table 6 gives details of notified cases of infectious diseases and their distribution, with comparative figures for the previous year.

POLIOMYELITIS. For the second consecutive year there were no confirmed cases. The last year in which cases were confirmed was 1966 when there were 2.

VENEREAL DISEASE

Centre	NEW CASES			Increase or Decrease during 1968
	1966	1967	1968	
Bath	5(43)	18(37)	16(49)	-2(+12)
Bridgwater	11(29)	20(45)	13(37)	-7(- 8)
Bristol	34(118)	41(158)	47(187)	+ 6(+29)
Taunton	45(57)	43(81)	33(85)	-10(+ 4)
Weston-super-Mare	9(43)	7(32)	2(30)	-5(- 2)
Yeovil	3(41)	5(36)	5(45)	(+ 9)
All Clinics	107(331)	134(389)	116(433)	-18(+44)

The figures shown in brackets are the numbers of new cases suffering from 'other conditions' and conditions undiagnosed at 31st December, 1968.

HEALTH CENTRES

At the end of 1968 the building of the first Health Centre in Somerset - namely at Frome - was well under way, with a probable date for completion in May, 1969. A second Health Centre - sited at Glastonbury - was also being built, with completion date in or about August, 1969.

With the planning and initiation of all the various stages of providing these two Centres much has been learnt about design and layout, and plans for further health centres are being varied to accommodate improvements.

During the year the work of adapting existing premises to provide health centres at Cheddar and Street made good progress. Work on the centre at Cheddar started in January, 1969 and it is to be completed and ready for occupation in the autumn of 1969. At Street the planning stages have taken a little longer owing to the settlement of legal matters relating to the old school premises which are to be adapted, but it is expected that the work will be started towards the end of 1969.

Plans for the Clevedon Health Centre have been finalised and at Nailsea, where the provision of a centre has had to await progress on the new town centre, there have been a number of delays, but it is now hoped that progress can be made in 1969.

Requests have been made by General Practitioners at Wellington, Worle, Wincanton and Yeovil for health centres, and other tentative enquiries have been received. It seems probable that requests for the provision of centres will continue to arise for some years to come, and that the completion and bringing into use of the first two health centres will encourage and stimulate interest.

MATERNAL AND CHILD WELFARE

ANTE-NATAL CARE

Although the number of hospital confinements is increasing year by year, midwives in some hospitals still have no arrangements for ante-natal care of their booked patients; they may well see them for the first time when they arrive in labour. The County Midwives work very closely with the General Practitioners at their surgeries, and undertake ante-natal care for many hospital booked patients as well as for the comparatively few domiciliary ones. In co-operation with the Health Visitors, they also offer help to all expectant parents at parentcraft and relaxation classes.

The need for the County block-taking clinics has diminished over the past years since family doctors now undertake this service for their patients having home confinements and many hospital booked cases are dealt with at the hospital clinics. The blood-taking clinic at Crewkerne, which has been held since 1952, closed in March. The clinics at Bridgwater and Chard, however, continued during the year and a total of 906 women attended.

HOSPITAL BED BOOKINGS

The County Health Department, as the agent of the Regional Hospital Board, has continued to book those patients with medical and social priorities into the general practitioner maternity units in the County. Requests from family doctors for beds in Hospital Obstetric Units in the County and in Bristol and Bath are also received. Beds at the Knoll Maternity Home are usually allocated by the Bed Bureau at Southmead Hospital, and direct bookings are made by Keynsham, Yeovil and Templecombe (Merthyr Guest) Maternity Units, as well as by the Hospital Obstetric Units at Weston-super-Mare, Yeovil, Taunton, Bath and Bristol. During the year, requests for 4,384 bookings passed through the Maternity Bed Bureau of the Health Department.

There are quite a number of requests from maternity units for mothers to go home 48 hours after delivery. Such early discharge is agreed if suitable facilities and help for home nursing care are available.

In Taunton, a "24 hour bed" system in the new general practitioner unit has opened. Family doctors and their 'attached' midwives attend specially selected mothers in the purpose-designed unit, where stay is limited to 24 hours after delivery. Then they continue to care for them at home for the remaining nine days of the lying-in period. This development is welcomed.

PARENTCRAFT AND RELAXATION

Parentcraft and relaxation classes, sometimes with a physiotherapist, are now provided by the Local Health Authority at 34 centres in the County. As often as possible, hospital staff are associated with them. Somerset mothers can also attend classes in Bristol and Bath if these are more convenient. Classes are also held for hospital booked patients at Butleigh, Paulton, Musgrove Park (Taunton) and St. Martin's (Bath) Hospitals.

During 1968, the local authority classes were attended by 2,509 women of whom only 81 were booked for home confinements. They attended on a total number of 12,526 occasions, an average of five attendances per patient. Most of these mothers were expecting their first babies. Attendances of fathers are not separately recorded but most classes include one session for both expectant parents. In Yeovil, the joint hospital/local authority classes were opened to both parents for most sessions — they were particularly well supported.

BIRTHS

The locally collected figures, which always vary slightly from the Registrar General's, show that there was a decrease in live births from 8,811 in 1967 to 8,628 in 1968, and in the total births from 8,937 in 1967 to 8,760 in 1968. Home births continued to fall and in 1968 totalled 1,267 (14.5 per cent of total) compared with 1,562 (17.4 per cent) in the previous year.

In 1968 there was again an increase in the number of women leaving hospital early — from 2,458 to 2,596 (35 per cent of these booked in hospital compared with 33 per cent in 1967).

MATERNAL DEATHS

Only one death this year was recorded as occurring during pregnancy. This was from a co-existing malignant condition. The baby was stillborn.

OBSTETRIC FLYING SQUAD

It is gratifying to report increased help for midwives and doctors with confinement difficulties in the Bath Clinical area. There are still some problems due to staffing difficulties but it is hoped that these will soon be overcome.

CONGENITAL DEFECTS

A total of 185 congenital abnormalities observed at birth was notified to the Ministry of Health during the year, compared with 187 in 1966 and 175 in 1967.

The pattern of abnormalities was similar to previous years with the exception of a slight increase in the number of central nervous system defects and a considerable increase in the number of cases of talipes.

It is interesting to note that the number of cases of hydrocephalus without spina bifida have increased from 4 in 1967 to 9 in 1968. This slight increase above the expected number for Somerset was pointed out by the Registrar General's Office as the monthly notifications were sent in. It is unexplained. The increase in the number of cases of talipes may well be due to the notification of milder degrees of this condition.

Main Defects Notified at Birth	1967	1968
Anencephalus	18	12
Spina bifida	16	13
Hydrocephalus with spina bifida	2	6
Hydrocephalus	4	9
Pilonoidal sinus	5	4
Heart defects	3	2
Lung defects	1	—
Ear defects	3	3
Cleft Lip and Palate	16	14
Oesophageal Atresia	3	1
Intestinal defects including exomphalos and imperforate anus	6	4
Renal tract defects	6	1
Hypospadias	13	14
Congenital dislocation of hip	9	3
Talipes	34	52
Abnormal digits	11	16
Mongolism	9	4
Achondroplasia	2	3
Multiple abnormalities	4	6
TOTALS	165	167

UNDERWEIGHT BABIES

The figures are not as good as they have been recently, with survival rates down from 82.5% to 88.7%. This group of babies provides one of the biggest contributions to the stillbirth and first week death rates. Underweight babies have ten times the mortality rate of babies of all weights.

Table showing Perinatal Mortality Rates 1963–68
Underweight babies and County rate

	Total Under- Weight Births	Underweight Still Births	Underweight First Week Deaths	Total Under- Weight Perinatal Deaths	Perinatal Death Rate	County Perinatal Death Rate
1963	565	87	35	122	187	24.1
1964	578	77	42	119	181	22.4
1965	587	73	48	121	183	24.2
1966	588	84	44	128	188	22.7
1967	539	84	31	115	184	20.7
1968	555	60	49	109	177	23.0

DEATHS 0–5 YEARS

The 27 deaths in this age group included three children dying in motor vehicle accidents and two in other accidents. Two deaths were due to congenital defects. The largest single group of 9 deaths was attributable to disease of the respiratory system.

ILLEGITIMACY

The Registrar General's figures show that there are 561 live and 15 still illegitimate births this year compared with 583 and 14 in 1967. The rise in the number of illegitimate births appears to have checked. It is difficult to be certain of a reason for this although the effects of the Family Planning and Abortion Acts may be possible causes.

It is difficult from the published figures to discover the number of Somerset residents whose pregnancies were legally terminated by abortion. The national abortion rate for the eight months of 1968 during which abortions were notified was 2.3 per 1,000 total births. Cases are recorded by marital state so that there is no indication of the numbers of illegitimate conceptions among married and widowed, divorced and separated women. Single women accounted for nearly half the operations.

Illegitimacy still carries greater hazards for mothers and babies. Although only 6.4 per cent of all births were illegitimate, 11.9 per cent of stillbirths and 10.6 per cent of perinatal deaths were of illegitimate babies.

This year the social workers have helped 379 of the recorded 616 mothers having illegitimate babies, compared with 426 in 1967. Many of the cases are complex and often long-term help is needed. The services available were augmented this year by an agreement with the Clifton Children's Society to provide case work help for Catholic girls desiring it, on the same terms as those agreed with the Somerset Churches (interdenominational) Family Welfare Association.

MOTHER AND BABY HOMES

The County Home at Braeside, Chard has six beds and cots. It was used by 16 girls during the year for ante and post-natal accommodation. The County Council agreed to accept financial responsibility for 24 girls in Homes outside the County run by various religious denominations.

Unlike many homes in other parts of the country, Braeside has been reasonably full in most parts of the year, and there have been two peaks of demand when all those who needed places could not be accommodated.

The sudden closure of a number of mother and baby homes in the country because of reduced bookings may have repercussions. Plans were made for a meeting in Taunton in the New Year of all those concerned with homes in the south-west, to attempt to co-ordinate provision with need and to divert surplus accommodation to other uses.

CHILD HEALTH AND HEALTH VISITORS CENTRES

During the year no new centres were opened, but four small health visitors' centres at Goathurst, Marksbury and Puriton, and in licensed premises in Bridgwater were closed because of declining local pre-school populations. At the end of 1968 there were 112 centres with a doctor in attendance, and 24 without doctors. In addition a number of health visitors have organised sessions in general practitioners' surgeries for practice patients, with or without a doctor in attendance. Figures for these have not been included in the table. Apart from these, there were 3,108 sessions; a doctor was in attendance at 2,396.

Details of the children who visited the clinics are also set out in the table. The only increase has been in the 2–5 age group, possibly due to higher birth rates in earlier years and to more attendances for 'birthday' examinations.

Child Health Clinics and Health Visitor Centres 1966–68

	No. of centres	No. of Sessions	Children attending			Total
			0–1	1–2	2–5	
1966	152	3,255	6,212	6,190	8,597	20,999
1967	140	3,189	6,558	5,838	8,252	20,648
1968	136	3,108	6,028	5,523	8,391	19,942

The numbers of immunisations and vaccinations carried out at clinics fell considerably as more family doctors were included in the computer scheme. This is shown in the table below.

Immunisations and Vaccinations at Child Health Centres 1966–68

	Triple (Diphtheria Whooping Cough and Tetanus) (Primary and booster)	% of total done	Poliomyelitis (primary and booster)	% of total done	Smallpox vaccination (primary and booster)	% of total done
1966	4,741	47	3,617	45	657	18
1967	5,328	45	3,398	37	603	13
1968	3,283	37	2,574	28	617	8

As a result, more doctor time has been available for periodic assessments of children – particularly the older age groups who have not been receiving this service.

The Sheldon Committee of enquiry into the work of child health centres reported “We are in no doubt about the continuing need for a preventive service to safeguard the health of children. We consider it would be more appropriate to describe it as a Child Health Service than as a Child Welfare Service. It is our view that in the long term it will be part of a family health service provided by family doctors working in groups from purpose built family health centres. It is within this concept that our recommendations are made”.

The preventive services to which they referred is based on the joint efforts of doctors and health visitors. The progress of each individual child is kept under review by regular assessment of development and function. By this means abnormality may be detected at the earliest opportunity, so that treatment can be most effective. Parents are anxious for advice about the progress of their children, and require counsel and reassurance if problems occur.

In Somerset, the service is offered at the local authority clinics and at an increasing number of family doctors' surgeries. However, only 20,000 of the 45,500 pre-school children in the County attended clinics in 1968. It has not been possible to provide the full range of tests of vision, hearing and development in areas of the County with widely scattered population.

Family doctors show an increased interest in this field. It is hoped that more will provide clinics for their child patients at their own surgeries. ‘Attached’ health visitors would find this a valuable opportunity for health education in the general practice health team setting.

The change of name to Child Health Centres was made in Somerset although in many areas the original name of Infant Welfare Clinic still survives in common use.

The preventative service for children and their parents consists of three parts, the first two being a consultation service on a child's progress and problems and an assessment service for observation of progress, with periodic routine checks for defects which may not be obvious, but which need early treatment. Doctors and health visitors together provide both parts of this service, and their contribution cannot be separated. The Health Visitor is the basic worker, who brings in the doctor when medical advice is needed. She is also observing the progress of individual children in the practice or area she serves, carrying out tests such as hearing checks, and encouraging parents

to seek further investigation or advice if she is unhappy about anything. Doctors in addition carry out the examination of children to assess development and function (such as vision) in the physical, mental and emotional fields. Expertise in these medical skills at present, has to be acquired after training, and doctors in the field or wishing to enter it can now attend courses in developmental paediatrics.

Developmental examinations at present are offered at most local authority clinics and by some family doctors. Children are often brought regularly in the first one or two years, but after that attendances are much fewer. This pattern has been altered over the past few years by the "birthday card" scheme to encourage an annual check of toddlers, but in 1968 for instance only 20,000 of the estimated 45,500 pre-school children attended a clinic at all. Our present medical screening process for defects is not even offered to many children in areas with very scattered populations, with no centre or only a Health Visitor Centre. In future doctors must be available at some time at all organised centres and in areas at present without a service. The increased demand for medical time will however be impossibly expensive in personnel and time to meet at present, and the idea of annual checks for the few will have to change to perhaps a minimum of two examinations for all in the first five years. The use of auxiliaries such as orthoptists or teachers for the deaf can also help. This places a greater reliance on the Health Visitors being able to see each child periodically, observing early deviations from normal and recognising these as requiring further investigation by a doctor.

There is an increasing interest among family doctors in this field although many still find themselves unable to spare the time to acquire the extra skill or to practise it. Some are anxious and willing to provide clinics for practice patients in their surgeries with their 'attached' health visitors. Others may participate, when surgery premises are not suitable, by attending sessions in county rented or provided premises, or by undertaking examinations by appointment in surgery sessions. For mothers a child health centre is essentially a local service, easily visited, not a distant surgery to which a visit must be planned.

Health Centres offer the best opportunity for a co-operative service between the Health Visitor, family doctors and county doctors, with the latter becoming concerned more with children found on screening to have some handicap which necessitates extra help or special plans for the future.

In the third place, Child Welfare Centres are places where health advice and education are offered, and where the many aspects of child life and development receive attention. It is important that this point is not lost sight of in a drive to discover defects in a few children, since the aim of health visitors' and doctors' counselling is to make all parents aware of each child's potential and how it can be reached. More doctors are needed with this knowledge and experience and more money will be needed to provide an adequate service to safeguard the health of children in what are literally the most important years of their lives.

Mention must be made here of voluntary help in clinics, a feature which was commended by the Sheldon Committee. This help is invaluable in a largely rural county with well over 100 centres and it will continue to be needed. To the mothers attending, the voluntary helper is seen as a friendly, willing member of the public who shows her interest in children in this practical way.

PARENTS CLUBS

Organised health education in child health clinics is not easily arranged and in a growing number of places parents' clubs are being formed so that parents can attend meetings outside clinic hours for talks on relevant subjects. Such clubs are assisted either by allowing the use of county accommodation or by grants towards running expenses.

DISTRIBUTION OF WELFARE FOODS

The distribution of welfare foods has continued during the year through child health clinics, shops and voluntary distributors. There were 174 centres in the County at the end of the year. The following table shows the extent of welfare food distribution during the past five years:

Year	National Dried Milk (tins)	Cod Liver Oil (bottles)	Vitamin A & D Tablets (packets)	Orange Juice (bottles)
1964	67,748	11,546	14,778	124,253
1965	67,158	11,952	13,297	132,155
1966	61,032	11,126	12,489	141,447
1967	47,518	10,067	11,310	144,334
1968	31,713	9,411	10,367	140,930

There was again a very marked decline of 33 per cent in the sales of National Dried Milk. There has been a small drop in the sales of Orange Juice, which have hitherto shown a consistent increase every year.

YOUNG HANDICAPPED CHILDREN

Increased emphasis on developmental paediatrics and detection of abnormality has led to an earlier recognition of young children who may require special provision, and most children with defects are referred for assessment well before school entry. It is particularly important that such conditions as hearing loss, late speech and squint should be investigated and treated early, and regular examination of all babies and toddlers has been encouraged as well as those especially "at risk".

Children with severe physical handicap such as spina bifida who are now surviving in greater numbers sometimes require provision before school age at a special residential nursery school. Others are better managed at home with appropriate support to the family until the normal age of school entry, repeated appraisal of the circumstances being necessary in each case.

Parents of children with retarded development or physical handicap are often anxious about their child's future prospects and unaware of facilities for them. During 1968 School Medical Officers arranged to see the parents of many of these children for counselling at a younger age than previously, visiting them again to examine the children when they were old enough for more formal assessment.

It is in practice difficult to assess the real ability of children functioning at a subnormal level who come from homes providing less than normal stimulation, and prediction of intelligence

in a young child without regard to environment is misleading. These small children often require an opportunity to develop, and further observation after a period in a different environment may be necessary. During 1968 there were several instances of such children thought to be subnormal but who, given the opportunity, made rapid improvement in more stimulating surroundings. One little boy deemed severely subnormal was completely untrained and without speech at 3 years in his very inadequate home, but achieved normal attainments after six months in a good foster home. Another subnormal child improved greatly after attending a day nursery but regressed whenever he was kept for periods in his cramped caravan home. It is likely that he will be able to manage normal infant school at five years, provided regular attendance at the day nursery has been ensured in the meantime.

Day nurseries, nursery schools and playgroups have all played a part in providing the necessary environment for these underprivileged children. The main difficulties have been in ensuring regular attendance, in persuading the parents to pay the financial contribution required, and in getting the children to the Nursery, since transport cannot at present be provided for them.

DAY NURSERIES

The three County day nurseries at Bridgwater, Keynsham and Taunton have continued to provide places for 95 children. Plans are in hand for the Taunton Day Nursery to be extended to take another ten children. To quote the average whole time daily attendances figure of 76 is somewhat misleading in that it does not give credit for places reserved for children who are away ill or on holiday, and those for whom a retaining fee has been paid; another relevant factor is that two half-day attendances are counted as one daily attendance. There was an average of 70 full-time and 12 part-time attendances.

Each day nursery has an Admission Sub-Committee which meets quarterly to allocate places.

NURSERIES AND CHILD-MINDERS

As from the 1st November, 1968 the scope of the Nurseries and Child Minders Regulation Act of 1948 was extended by the Health Services and Public Health Act, 1968, to include:

- (a) PREMISES (other than those wholly or mainly used as private dwellings) in which children are received to be looked after for a TOTAL OF TWO HOURS OR MORE IN ANY DAY or for any longer period not exceeding six days;
- (b) PERSONS who for reward receive into their homes ONE CHILD OR MORE under the age of five years to whom they are not related, to be looked after for a total of TWO HOURS OR MORE IN ANY DAY or for any longer period not exceeding six days.

The new regulations were drawn to the attention of the public by means of advertisements in the newspapers covering the County and by simple posters displayed in clinics, local post offices and libraries. During the last two months of the year, 71 applications for registration were received at County Hall.

At the end of the year there were 73 registered premises providing a total of 1,673 places, and 58 registered daily minders provided 462 places. The numbers of registered premises and daily minders have, in fact, doubled during the past three to four years and the work of registration is bound to increase dramatically as a result of the new regulations.

The Health Department is able to subsidise the attendance of pre-school children in priority groups in these private homes, playgroups and nurseries, which meets to a considerable degree the needs of children in the areas where there is no County day nursery.

Those involved in caring for children are anxious to learn more about child development and needs. Visits to county nursery schools and day nurseries are a valuable way of seeing what sort of play materials are useful and necessary. The staff of some of these establishments have also been visiting playgroups. Courses organised by the education and health departments in the field of further education are enthusiastically supported.

NURSING HOMES AND NURSING AGENCIES

No new nursing homes were registered during 1968, but as a result of the sale of existing homes, two new registrations were completed. At the end of the year there were 22 homes on the register, providing a total of 390 beds, four of which are for maternity patients.

A licence under the Nurses Agencies Act, 1957 was renewed for a private nursing service in Weston-super-Mare.

MARRIAGE GUIDANCE

The Marriage Guidance branches in South Somerset and Weston-super-Mare and those in Bristol and Bath, serving the north of the County, continued to fulfil a very useful function. Accommodation for a visiting counsellor was made available in Frome Clinic.

FAMILY PLANNING

Advice on family planning and the provision of supplies are available through a number of clinics conducted by the Family Planning Association, who act as agents for the County Council in respect of medical cases (i.e. women to whom pregnancy would be detrimental to health). These clinics are held in hospital premises or in the County Health Department's clinics. At present the County Council accepts financial responsibility only for medical cases, and persons not coming within this category pay the fees laid down by the Family Planning Association. The National Health Service (Family Planning) Act, 1967 empowers local health authorities to make arrangements for family planning facilities for all patients and not only medical cases, but the economic situation has so far placed limits on such a policy by the County Council.

The Act does not distinguish between the married and unmarried and local health authorities have power to provide contraceptive advice and supplies to unmarried persons. The local branch of the Family Planning Association, the Somerset and North West Wilts branch, has given approval to such a service and the County Council has raised no objection to the service being extended to the unmarried. So far no special clinic for the unmarried has been set up.

The work of the Family Planning Association has continued in 12 clinics in Somerset and the following details of the work of the branch in Somerset have been provided by the Branch Organising Secretary.

	1966	1967	1968
Clinics	9	12	12
Clinic sessions	365	582	713
Doctor sessions	433	733	923
Individual patients	3,612	3,772	4,689
New patients	1,412	1,527	1,952
Marital Problem cases	13	90	96
Sub-fertility cases	15	46	15
Cervical cytology cases	1,614	1,876	3,148

The increase in the number of patients helped with their marital problems has been possible as more doctors completed their prolonged course of training for this extra service. Such cases are time-consuming, but this service is not really provided elsewhere inside or outside the National Health Service.

CERVICAL CYTOLOGY

The majority of family doctors in Somerset are providing a service of screening for the detection and early prevention of cancer of the cervix in women over the age of 35 but where this is not available facilities are provided in County Clinic premises.

Advertisements giving details of this service are placed periodically in all Somerset newspapers.

REGISTRAR GENERALS TOTALS. SOMERSET 1959 — 68. ENGLAND AND WALES 1968

Somerset	Population	Live Births	Still Births	First Week Deaths	Deaths 2-4 wks.	Deaths 1-12 mths.	Total Infant Deaths	Deaths 1-5 yrs.	Maternal Deaths	Perinatal Deaths	Illegitimate Births			Abortions Act. 1967
											Live	Still	Total	
1959	500,400	7,636	155	89	14	40	143	29	3	244	299	4	303	—
1960	507,270	8,095	145	106	14	40	160	20	0	251	345	4	349	—
1961	520,340	8,215	151	73	16	41	130	36	1	224	372	13	385	—
1962	527,240	8,700	153	98	17	36	151	30	3	251	438	6	444	—
1963	533,570	8,877	139	78	19	33	130	29	2	217	433	8	441	—
1964	542,990	9,154	141	68	14	37	119	24	1	209	529	13	542	—
1965	549,320	9,205	141	85	14	60	159	26	2	226	542	2	544	—
1966	555,690	9,194	130	82	17	40	139	22	1	212	567	8	575	—
1967	559,470	9,041	123	67	8	51	126	24	2	190	583	14	597	—
1968	572,960	8,866	126	83	16	40	139	27	1	209	561	15	576	—
England and Wales 1968	48,669,000	819,275	11,847	8,658			14,952			20,505				22,256

RATES. SOMERSET 1959 – 68. ENGLAND AND WALES 1968

Somerset	Live Birth	Still Birth	First Week Deaths	Neonatal Deaths	Infant Deaths	Maternal Deaths	Perinatal Deaths	Illegitimate L.B. %	Abortion
1959	15.3	19.9	11.7	13.5	18.7	0.36	31.3	3.9	—
1960	15.9	17.6	13.2	14.8	19.8	0.00	30.4	2.3	—
1961	15.8	18.0	8.9	10.8	15.8	0.12	26.8	4.5	—
1962	16.5	17.2	11.3	13.2	17.4	0.34	28.2	5.0	—
1963	16.6	15.4	8.8	10.9	14.7	0.22	24.1	4.9	—
1964	16.7	15.2	7.4	8.9	12.9	0.11	22.4	5.8	—
1965	16.8	15.1	9.2	10.7	17.3	0.21	24.2	5.9	—
1966	16.5	13.9	8.9	10.8	15.1	0.11	22.7	6.2	—
1967	16.2	13.4	7.4	8.3	15.9	0.22	20.7	6.4	—
1968	15.5	14.0	9.3	15.7	15.6		23.0	6.3	—
England and Wales 1968	16.9	14.3			18.3	0.11	24.7		2.3

NURSING SERVICES

The County Council's overall policy of maintaining a combined service of District Nursing, Midwifery and Health Visiting in the rural areas with full time midwives, home nurses and health visitors in urban areas has continued.

The day to day administration of the County Nursing, midwifery and health visiting services is carried out by the County Nursing Officer, Deputy County Nursing Officer (who is responsible for attachment schemes and Health Education) and five Area Nursing Officers.

The Nursing establishment is 314 full time equivalent and the nurses employed at the end of the year are shown in the table below:-

Deployment of staff according to duties undertaken	Full-time	Part-time
District Nurse/Midwife/Health Visitors (S.R.N., S.C.M.) (120 of whom hold Health Visitor Certificates and 106 District Nurse Certificates)	126	8
District Nurse/Health Visitors (S.R.N., Part I Midwifery Certificate) (All of whom hold Health Visitor Certificates and 3 hold District Nurse Certificates)	4	7
District Nurse/Midwives (S.R.N., S.C.M.) (49 of whom hold District Nurse Certificates)	63	15
District Nurses (S.R.N.) (including 7 Male district nurses) (18 of whom hold District Nurse Certificates)	24	11
Full-time Domiciliary Midwives (7 S.R.N., S.C.M.) (2 S.C.M.)	9	-
Health Visitors (S.R.N., S.C.M.) (S.R.N. and Part I Midwives Certificate) (All with Health Visitor Certificates)	30	6
Tuberculosis Health Visitor/School Nurses (S.R.N., S.C.M.) (1 of whom holds Health Visitor Certificate)	2	-
State Enrolled District Nurses (S.E.N.) (Of whom 4 have had a course of instruction in district nursing)	5	7
District Nursing Auxiliaries (acting as Bath Attendants)	1	5
School Nurses (S.R.N.)	2	2
Clinic Nurses (S.R.N.)	-	3
Administrative Staff (S.R.N./S.C.M.) (All of whom hold District Nurse Certificate and Health Visitor Certificate)	7	-
	273	64
Vacancies not covered	9	-

There has been a very large turnover of staff during the year, changes of personnel for domestic and personal reasons having been frequent. This is largely due to the employment of more married staff, who are affected by their husbands' movements and family considerations. Recruitment has been variable and the difficulty of obtaining fully qualified staff has forced us in some areas to modify the overall policy of fully generalized work by the appointment of District Nurse/Health Visitors. There will almost certainly not be an improvement in the situation and even further modifications may have to be made. The problem of recruitment for combined work is a national one and most local health authorities whose services are organised in this way have been forced to run down the numbers of their generalized workers and in some cases have abandoned this method of working altogether.

There are probably several contributory causes for the increased difficulty in recruiting the highly qualified staff required for generalized work. Amongst them I would mention (1) the present syllabus of Health Visitors training produces a bias in the young newly trained Health Visitor in favour of full time health visiting and (2) the change in the pattern of midwifery services resulting in a steadily decreasing domiciliary case load causes the majority of generalized workers either to lose interest in this part of the work or to migrate to those parts of the country where there is still a residual amount of domiciliary midwifery. Increased use of ancillary workers including Nursing auxiliaries has helped considerably in keeping the service running. In addition the number of part time staff has continued to increase and whilst this is not always an ideal situation, it would be at times almost impossible to maintain the service without this valuable help. In the more urban areas of the county there appears to be a growing number of married State Registered and State Enrolled Nurses who are prepared to undertake part time domiciliary work.

TRAINING

The Queen's Institute of District Nursing ceased to be responsible for District training in June, 1968 and application was made by the County Council to the Department of Health and Social Security for formal approval of the in-service training scheme run jointly with Bristol. Six of the county staff were successful during the year in completing the in-service course which was on similar lines to that previously arranged by the Queen's Institute. Four students also completed District Nursing training at Exeter and another four at Bristol.

A large number of enquiries was received regarding health visitor scholarships and the twelve originally approved by the County Council were awarded early in the year. Later the County Council authorised an additional two scholarships but unfortunately it was not possible to secure places in that year at training schools.

The annual three day study course for the County Nursing Staff was held in April for the first time at County Hall. Despite inclement weather, the attendances were good and the course was a great success.

Twenty staff attended a two day in-service Relaxation and Parentcraft Course held at Weston-super-Mare.

Two in-service courses on hearing assessment in young children were held during the year.

Arrangements were made with Dr. Russell Grant and the Department of Daily Living at the Royal Hampshire Hospital for a number of Nursing Staff to visit the Unit for instruction on rehabilitation of the disabled in the home, special emphasis being placed on those cases most

familiar to the District Nursing Sisters, e.g. strokes, arthritis, multiple sclerosis. All the nursing administrative staff and 24 nursing sisters attended and it is hoped to extend the visits in the coming year.

During 1968, 35 pupil midwives from Musgrove Park Hospital, Taunton, Mary Stanley Home, Bridgwater, and St. Martin's Hospital, Bath completed their district training.

During the year, the usual large number of visiting students were accommodated for varying periods of time in the County including thirty nine student nurses, forty obstetric nursing students, fifteen health visitor students, one administrative student, four student social workers, three post graduate (special care) students and seventeen State Enrolled nurse students.

Nine health visitor students completed the three months practical part of their training on the district in the County and two students undertook their field work with our field work instructor at Keynsham.

We were also pleased to welcome two visiting students from Sweden and one from Persia, who were undertaking study tours in this country.

HOUSING

The capital programme for Nurses houses was reviewed in the Ten Year Programme in accordance with up-to-date relevant information. During the year houses were built by the County Council at Long Ashton and Queen Camel and a bungalow was purchased at Carhampton. At the end of the year the County Council owned 76 and rented 30 houses for the District Nursing Staff.

One effect of the employment of more married nurses who frequently have their own accommodation is that the County Council may be left in a particular area with a vacant house. There is bound to be a considerable degree of flexibility in the housing of the District Nursing Staff and any house which is temporarily surplus to Nursing requirements will be let either to other County Staff or to other tenants.

TRANSPORT

At the end of the year the County Council provided a fleet of 106 cars for nursing and health visiting staff and 230 nursing and health visitors received travelling allowances for the use of their own cars. It is perhaps a sign of the times that there is now only one nurse who relies on a bicycle as her means of transport.

MIDWIFERY

For the purpose of the Midwives Act, the Medical Supervisor of Midwives is the Senior Medical Officer for Maternal and Child Welfare and non-medical supervision is carried out by the County Nursing Officer, Deputy County Nursing Officer, and five Area Nursing Officers. Visits to maternity units are paid by the County Nursing Officer as non-medical supervision of midwives.

During the year, 211 domiciliary staff and 160 hospital midwives notified their intention to practice. Private midwives in nursing homes and domiciliary practice numbered five. Notifications of exposure to infection numbered 129 and these were investigated. Medical aid was sought in 713 cases.

At the end of the year, 9 full time and 203 part time midwives were employed in domiciliary practice and during 1968 they attended 1,253 deliveries, a decrease of 285 from the previous year. The continued decline in the numbers of home deliveries is shown by the following figures. In a period of six years, the number of home deliveries has been halved.

Year	Home Deliveries
1962	2,453
1964	2,195
1966	1,867
1968	1,253

In March, a twenty four hour general practitioner delivery unit was opened at Musgrove Park Hospital, Taunton. This is a small self-contained unit within the new general practitioner Maternity Unit adjacent to the Obstetric Unit. Cases admitted to this Unit are the entire responsibility of the domiciliary midwife, and the patient's general practitioner may attend if he wishes. The hospital provides a 'hotel/home help' service. Within a few hours of delivery, arrangements are made for the mother and child to be taken home by ambulance. No patient should need to remain in the unit for more than twenty four hours and if she is not delivered within that time she will be transferred to the obstetric unit.

This unit is intended for normal cases with no social reasons for admission to hospital. After a slow start, the Unit is now more fully used. There are signs that in 1969 the numbers will increase considerably. Preliminary discussions are already being held with a view to similar units being established in other areas of the County.

Our domiciliary midwives have continued to give voluntary help in some of the maternity units affected by staff shortages. The steadily declining number of domiciliary confinements together with the increasing difficulty experienced by hospital maternity units in recruiting suitable staff suggests that there is an urgent need for some reorganisation of the whole midwifery service. At present a great deal of work carried out by our domiciliary midwives is ante-natal care and the nursing care of women discharged to their homes before the tenth day.

ANALGESIA

All our domiciliary midwives except two have now been equipped with the Entonox Gas and oxygen apparatus in place of the previously used Minnitt Gas and Air machines. These two will be replaced early in 1969.

HOME NURSING

The work of the District Nursing Sister continues to be amongst the chronic sick and the elderly. The number of persons nursed by the Home Nurses during 1968 was 13,672 and of these 60% were in the over 65 age groups. The total number of visits paid by the home nurses was 345,548. There has been further progress towards a fully qualified District Nursing Staff and at the end of the year 198 of the District Nursing Sisters employed in Somerset held a certificate in District Nursing. Increasing use has been made of State Enrolled Nurses and Nursing auxiliaries so that the State Registered Nurses can be used to the best advantage. Staff have been encouraged to pay particular attention to the rehabilitation of their patients and this has resulted in some increase in the use of mechanical aids.

The attachment of District Nursing Sisters to general practitioners has resulted in much closer working. Surgery sessions are common practice and joint clinics of various types are developing.

The Marie Curie Memorial Foundation Day and Night Nursing Service provided nursing help to cancer cases and gave grants in special cases of need.

The British Red Cross Society and St. John's Ambulance Brigade continued to administer the medical comforts scheme in Somerset and through their depots, nursing aids of many kinds have been supplied to patients who would otherwise have been occupying badly needed hospital beds. A joint working party of representatives of the Red Cross and St. John's met on several occasions to review the present medical loan scheme and a number of improvements to co-ordinate the service to the public were put into effect.

HEALTH EDUCATION

In my 1967 report, I mentioned the formation of a small study group to discuss and comment on health education needs and the materials and equipment available. This group met three times during the year and has made some valuable contributions in the health education field.

It is hoped that as the Public Health Staff become settled in their attachment schemes, group health education will be one of the joint projects undertaken by medical and nursing staff within the practice. Whilst at the present time, this is not easy, we look forward to progress in this field in the future, particularly as in some areas general practitioners are undertaking school medical work.

Health Education materials including all forms of visual advertisements, leaflets, posters etc. are made readily available from County Hall to staff in the field.

During the year, a number of new film strips were purchased and members of the public health and administrative staff gave talks to a number of organisations on various matters pertaining to Health Education.

HEALTH VISITING

Of the 180 Health Visitors working in the County, only 9 are still undertaking Health Visiting duties without qualifications and they are all employed on generalised work. The considerable progress that has been achieved in this field since the National Health Service Act came into operation can be seen by the following table:—

Year	Full-time Health Visitors with H.V. Certificate	Full-time District Nursing Staff undertaking H.V. duties	
		With H.V. Certificate	Without H.V. Certificate
1948	25	29	130
1954	30	87	74
1960	31	112	34
1966	32	129	16
1968	30	141	9

I have previously referred in an earlier paragraph on recruitment to the increasing tendency to find candidates untrained in midwifery or unwilling to undertake generalised duties. This in no way detracts from the quality of the staff whom we are able to recruit. An increasing amount of the Health Visitors time is being spent with the elderly and in working out schemes with the general practitioners to whom they are attached, although contact with mothers and young children remains good. In many areas, Health Visitors hold their own welfare sessions within the doctor's surgery premises.

SCHOOL NURSING

During the last year continuing use has been made of auxiliary staff in the schools so that the qualified nurses can be relieved of routine work. The latter are still however responsible for the school work and continue liaison with the School Doctor.

TUBERCULOSIS VISITING

There are now no full-time Tuberculosis Visitors (only two School Nurse/Tuberculosis Visitors) and the Health Visitors undertake tuberculosis home visiting as part of their ordinary duties. Arrangements are made for regular liaison with the Chest Clinics.

HOSPITAL LIAISON

The arrangements for regular liaison visits to the children's wards of the various hospitals as mentioned in my last report have proved a great success. All the Children's wards in the hospitals serving the County now have visits from the Health Visitors. In addition the County Health Visitors liaise with all the hospital chest clinics serving the area. The early discharge of general cases has not developed in this County as much as in some other parts of the country or as much as might have been expected. In some areas there is a reluctance by hospital staff to call on the domiciliary staff to undertake routine treatment in the patient's home. There are signs, however, that hospital staff are becoming more aware of the potentials of the domiciliary staff.

A Nursing Officer has been asked to speak at two successive courses on first line management arranged for hospital staff. This has proved a very valuable exercise in helping towards a better understanding and liaison between the services in one area.

A much closer co-operation between hospital, general practitioners and public health staff is essential if the patient is to get the best possible treatment and it is to be hoped that this will be attained without too much delay. There still exists far too big a gap which can only be to the patient's disadvantage.

ATTACHMENT TO GENERAL PRACTICE

Considerable progress was made during the year towards the ultimate aim of 100% attachment of public health staff to general practitioners. Our policy is to attach nursing staff completely to the practices of general practitioners and to ignore geographical areas with the exception of County boundaries. All new schemes were commenced on this basis and the amendment of existing schemes extended to take in the whole of the practice case load has resulted in evidence of increased work satisfaction for staff.

During 1968, new schemes have been implemented in the following areas — Martock, South Petherton, Axbridge, Wedmore, Midsomer Norton, Peasedown, Polden Hills, Winscombe, Cheddar, Radstock, Chilcompton, Timsbury, Farmborough, Wincanton, Queen Camel, Somerton, Templecombe, Milborne Port. Attachment schemes were extended in the following areas:— Bridgwater, Burnham-on-Sea/Highbridge, East Brent, Wells, Shepton Mallet, Ilchester.

A total of 189 staff are now involved throughout the County including relief and part-time staff working within the schemes. School and male nurses are not included in this figure. The staff mentioned are attached to 148 doctors. In addition to the schemes of attachment, there are a number of areas where for various reasons general practitioners have desired to delay full attachment but where for the interim period liaison schemes have been arranged. There are 26 staff working in these schemes with 24 doctors.

More use has been made by general practitioners of public health staff in their surgeries where staff may carry out a number of procedures that they would otherwise have undertaken in the patients' home, in addition to helping the doctors with a variety of duties, e.g. with cervical cytology and ante-natal care. The public health nurses have assisted at almost all the immunisation sessions arranged under the computer programme.

It has become evident that as attachment schemes mature that the relationship between general practitioners and the public health staff is much improved. Both are learning to respect the other for the part they are able to play in the care of the patient and to work together in harmony towards their mutual aim, the welfare of the patient. General practitioners are in some cases becoming aware for the first time of the valuable contributions that health visitors can make.

From the public health nurse's point of view, this method of working is giving much greater work satisfaction although travelling time has increased. The vast majority have stated that they would strongly oppose any move towards reversion to the old pattern of work.

HOME HELP SERVICE

The Ministry of Health Circular 39/68 made various amendments to the National Health Act 1946 and three of these relate to the Home Help Service. The first amendment adds handicapped persons to those eligible for help. This group had already been included by Somerset and the majority of local authorities. The second changes its official designation from Domestic Help Service to the more widely used and more acceptable Home Help Service. The third states that the Service will cease to be permissive and will become mandatory as soon as the financial position allows. This clause is a particularly welcome one in that it should eventually do much to ensure a uniform service throughout the country.

As things are, Home Helps employed by many authorities are expected to attend to the work of the house only and are not expected to attend to the needs of the patients or of their children. In other authorities Home Helps undertake the duties of nursing auxiliaries while their colleagues care for children, cook, shop and undertake any task a busy housewife in a home disrupted by illness would expect to do. The Somerset Service may be said to strike a balance between these two extremes and its Home Helps are expected to regard the care of the house as taking second place to the care and happiness of those who live in it.

The Home Help Service in this County, in common with the majority of other local authorities, was officially inaugurated on 7th July, 1948, and has therefore been in existence for just over twenty years. At this stage it is interesting to note the changes in the types of patients over such a relatively short period. In the early years the main duties of the 281 Home Helps were those of maternity and child care. Maternity bookings in 1949 were 783 the majority having help from 9 a.m. — 5 p.m. daily and on Saturday mornings. In 1962 these had decreased to 255 only 50 of which had full-time help and only the few resident bookings needing help on Saturdays. Care of tuberculosis patients, a constant worry to the Organisers in the early days, numbered 80 in 1949, many being highly infectious. In 1968 this number had decreased to 9, none of whom were regarded as infectious. Care of patients following an operation numbered 125 in 1949 and 192 in 1968, and the care of the handicapped and chronic sick rose from 286 in 1949 to 401 in 1968. The "old" age group, however, rose from 285 in 1949 to 4,542 in 1968.

The cases on the books at 31st December, 1949 were 422, compared with 2,985 on 31st December, 1968. In December, 1949, applicants who had received help numbered 1,794, but at December, 1968 the number who had received help in twelve months was 4,542.

The number of Home Helps on the register has not increased in proportion to the number of those receiving help partly because a home help who in the early days of the service could have spent a week in one home caring for a mother after a confinement may now help in eight or more homes each week, but mainly because the home helps now work much more intensively in the time allocated to them. The increasing number of small easily run old people's dwellings built by local Councils has also made the work of the Home Help easier. The weekly average hours of help per home in 1949 were 20.5; the average in 1968 was 4.1. The Home Helps on the register in 1949 were 141 full time and 293 part time; in 1968 there were 116 full time, including casual workers and night attendants.

The assessment scale in use in this county is based on the Ministry of Social Security scale and is thus geared to the rising cost of living. This should mean that each applicant who elects to be assessed is required to pay much the same proportion of his weekly income as did an applicant twenty years ago. One finds, however, that while his predecessor willingly paid a few pence an hour for forty hours help a week, the applicant of the present day is not so willing to pay a few shillings an hour from a very much larger weekly wage. Pensioners on the other hand very rarely object to paying for four hours help from their small incomes, perhaps because they regard the help, and a measure of companionship in the home, as a luxury rather than a necessity.

Recruitment of suitable women as Home Helps becomes increasingly difficult more particularly in the towns of Taunton, Minehead, Clevedon, Wells, Glastonbury and Street and in many rural areas. The amount of public transport to and from rural areas decreases year by year with the result that more home helps must be sent by car to the old and sick in these areas.

The Home Help Service in Somerset has been an integral part of the County Health Department since its inception and has always been regarded as an ancillary to the District Nursing Service. A medical recommendation is expected either from a doctor, hospital, district nurse or health visitor before help is sent, with the single exception of the care of deprived children. Though the care of those over 65 years of age is now by far the heaviest commitment, only a very small number of these seek help by reason of the infirmity of age. The vast majority suffer from a specific illness more likely to be contracted as the age of the patient advances.

I once more pay tribute to the able and willing help of those voluntary workers who do so much to assist the Organisers to maintain the service at its present standard. Some have helped ever since the Service was launched by the W.R.V.S. over 20 years ago.

	Old age (over 65)	Chronic Illness	Mental Illness	F.B.	Post Operative	General Illness	Maternity	Post & pre natal	Accidents	Child care	Total	Total for year
* WESTON-SUPER-MARE												
Ceased	126 (136)	27 (22)	9 (7)	-- (-)	23 (46)	42 (57)	16 (41)	4 (12)	16 (10)	-- (7)	263 (338)	737 (877)
Cont.	392 (446)	42 (59)	9 (4)	1 (1)	21 (10)	4 (10)	-- (-)	-- (-)	2 (6)	3 (2)	474 (539)	
CLEVEDON												
Ceased	75 (63)	5 (12)	2 (3)	-- (2)	24 (25)	7 (15)	42 (62)	3 (10)	2 (6)	4 (2)	164 (200)	422 (429)
Cont.	219 (203)	20 (15)	1 (1)	-- (-)	6 (5)	6 (-)	2 (2)	1 (-)	2 (2)	1 (1)	258 (229)	
* MIDSOMER NORTON												
Ceased	148 (153)	15 (20)	1 (2)	-- (-)	15 (25)	13 (6)	24 (33)	4 (6)	2 (3)	4 (4)	226 (252)	749 (718)
Cont.	484 (438)	22 (21)	1 (3)	1 (2)	5 (1)	4 (1)	-- (-)	1 (-)	3 (-)	2 (-)	523 (466)	
* GLASTONBURY												
Ceased	74 (62)	19 (13)	2 (2)	1 (1)	12 (17)	13 (10)	34 (27)	2 (5)	1 (3)	3 (3)	161 (143)	396 (320)
Cont.	192 (141)	25 (25)	-- (-)	1 (1)	7 (4)	3 (3)	-- (-)	1 (-)	2 (1)	4 (2)	235 (177)	
BRIDGWATER												
Ceased	125 (165)	12 (26)	1 (10)	-- (2)	24 (20)	18 (13)	16 (46)	5 (9)	6 (6)	6 (5)	213 (302)	761 (816)
Cont.	451 (436)	60 (48)	9 (6)	3 (2)	7 (9)	8 (2)	2 (1)	1 (1)	3 (4)	4 (5)	548 (514)	
YEOVIL												
Ceased	174 (112)	20 (7)	2 (5)	1 (1)	14 (1)	14 (12)	34 (68)	12 (5)	1 (9)	5 (3)	277 (233)	736 (647)
Cont.	397 (366)	33 (28)	5 (7)	1 (3)	13 (2)	-- (-)	2 (3)	3 (2)	4 (1)	1 (2)	459 (414)	
TAUNTON												
Ceased	140 (153)	12 (35)	1 (5)	-- (-)	19 (30)	26 (24)	40 (65)	4 (13)	3 (3)	8 (9)	253 (337)	741 (819)
Cont.	411 (402)	64 (64)	4 (3)	-- (-)	2 (3)	1 (-)	-- (-)	-- (2)	2 (1)	4 (7)	488 (482)	
Total Ceased	862 (844)	135 (135)	18 (34)	2 (6)	131 (174)	133 (137)	206 (342)	34 (60)	31 (40)	30 (33)	1557 (1805)	4542 (4626)
Total Cont.	2546 (2342)	266 (260)	29 (24)	7 (9)	61 (34)	26 (16)	6 (6)	7 (5)	18 (15)	19 (20)	2985 (2821)	

* Axbridge Rural District was transferred to the Glastonbury area from Weston-super-Mare in September 1968 and Shepton Mallet Urban District and Shepton Mallet Rural District to Midsomer Norton from Glastonbury area.

Long Term Cases

Maternity Bookings	Resident	Full-time	Part-time	Few hours	Cancellations	
					Over 12 months	Over 6 months
Weston-super-Mare	-- (1)	2 (13)	3 (8)	7 (20)	343 (380)	53 (54)
Clevedon	-- (2)	1 (2)	15 (32)	26 (26)	172 (159)	30 (14)
Midsomer Norton	4 (3)	2 (2)	6 (21)	12 (7)	401 (443)	58 (40)
Glastonbury	1 (3)	10 (-)	13 (19)	9 (5)	143 (119)	34 (33)
Bridgwater	1 (3)	7 (7)	4 (20)	16 (16)	379 (361)	79 (59)
Yeovil	6 (11)	-- (7)	11 (24)	10 (30)	328 (332)	44 (24)
Taunton	8 (8)	8 (7)	18 (16)	6 (33)	346 (328)	60 (44)
	20 (30)	30 (38)	70 (140)	86 (137)	2112 (2122)	358 (292)

HOME HELPS ON REGISTER DECEMBER 1968

	Full-time	Resident	Part-time	Casual	Night Attendants and Sitters in	1968	Full-time Equivalent
Weston-super-Mare	26 (26)	— (—)	93 (85)	6 (3)	8 (3)	133 (117)	78 (72)
Clevedon	5 (5)	— (—)	44 (39)	16 (15)	— (—)	65 (59)	33 (30)
Midsomer Norton	9 (8)	1 (1)	88 (87)	16 (19)	— (—)	114 (115)	59 (60)
Glastonbury	8 (5)	— (—)	30 (34)	12 (15)	— (—)	50 (54)	27 (27)
Bridgwater	18 (17)	— (—)	93 (89)	18 (20)	2 (1)	131 (127)	72 (68)
Yeovil	13 (18)	— (—)	82 (87)	13 (15)	1 (1)	109 (121)	58 (66)
Taunton	34 (31)	2 (2)	65 (68)	15 (20)	3 (5)	119 (126)	75 (73)
	113 (110)	3 (3)	495 (489)	96 (107)	14 (10)	721 (719)	402 (396)

New Applicants Visited 1968

	New cases	Abortive Visits
* Weston-super-Mare	320 (384)	19 (24)
Clevedon	193 (220)	18 (36)
* Midsomer Norton	199 (245)	45 (32)
* Glastonbury	157 (157)	20 (12)
Bridgwater	355 (364)	64 (62)
Yeovil	278 (258)	25 (45)
Taunton	415 (424)	27 (37)
	1,917 (2052)	218 (248)

Actual number of old people helped

		1968	1967
* Weston-super-Mare	Ceased Cont.	132 452	(229) (586)
Clevedon	Ceased Cont.	98 300	(96) (251)
* Midsomer Norton	Ceased Cont.	177 549	(187) (481)
* Glastonbury	Ceased Cont.	80 244	(78) (161)
Bridgwater	Ceased Cont.	159 616	(202) (559)
Yeovil	Ceased Cont.	223 540	(138) (438)
Taunton	Ceased Cont.	235 685	(192) (533)
Total	Ceased Cont.	1104 3386	(1122) (3009)

Figures for 1967 in brackets.

* Axbridge Rural District transferred to the Glastonbury area from the Weston-super-Mare area and Shepton Mallet Urban District and Rural District transferred to the Midsomer Norton area in July 1969.

VACCINATION AND IMMUNISATION

The arrangements outlined in my Report for 1967 whereby use is made of the computer in the County Treasurer's Department to enable children to be called automatically to receive their vaccinations and immunisations were extended during the year. By the end of 1968, approximately two-thirds of the children up to the age of ten years were being called to the surgeries of general practitioners by this means. For these children, immunisations at Child Welfare Clinics and the giving of re-inforcing doses at school have now ceased.

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION

During the year 7,313 children under sixteen years of age completed a primary course of diphtheria immunisation and a further 13,424 received reinforcing injections. Six thousand nine hundred and five children were given protection against whooping cough.

TETANUS IMMUNISATION

Primary courses of tetanus immunisation were completed by 8,215 children under sixteen years of age and a further 14,391 children received a reinforcing injection.

SMALLPOX VACCINATION

Eight thousand and thirty-nine primary vaccinations and 3,493 re-vaccinations of children under sixteen years of age were carried out during the year. The primary vaccinations included 7,581 children under five years of age.

YELLOW FEVER VACCINATION

Three hundred and twenty-one persons were vaccinated against yellow fever at the Yellow Fever Vaccination Centre, Taunton.

POLIOMYELITIS VACCINATION

Primary courses of poliomyelitis vaccination were completed by 8,968 children under sixteen years of age and 8,923 school children received a reinforcing dose.

ANTHRAX VACCINATION

In addition to vaccinations carried out by Appointed Factory Doctors, Assistant County Medical Officers gave thirteen persons a course of three injections, four persons the completing injection of a primary course, five persons the first two injections of a primary course and sixty-seven persons their annual reinforcing injection.

MEASLES VACCINATION

In March a circular letter was received from the Ministry of Health requesting local health authorities to make arrangements for measles vaccinations in their areas for all children up to and including the age of 15 who were susceptible to an attack of measles because they had neither been

immunised nor had contracted the disease. However, as the amount of vaccine available was limited it was advised that only susceptible children who were between their fourth and seventh birthdays, or those attending day nurseries and nursery schools or living in residential establishments who were between their first and seventh birthdays, should be offered vaccination in the first place.

Arrangements on these lines were made in April through the general practitioners, and the number of measles vaccinations given by the end of the year was 4,058.

IMMUNISATION

Number of children who completed a full course of primary immunisation against diphtheria, whooping cough, tetanus or poliomyelitis in the year ended 31st December, 1968.

Type of immunisation	Year of birth					Others under age 16	Total
	1968	1967	1966	1965	1964-61		
Diphtheria	978	5,248	415	226	368	78	7,313
Whooping cough	954	5,195	403	215	135	3	6,905
Tetanus	978	5,250	416	227	387	957	8,215
Poliomyelitis	1,396	5,863	593	322	576	218	8,968

Number of children who received reinforcing doses against diphtheria, whooping cough, tetanus or poliomyelitis in the year ended 31st December, 1968.

Type of immunisation	Year of birth					Others under age 16	Total
	1968	1967	1966	1965	1964-61		
Diphtheria	—	629	1,211	336	7,543	3,705	13,424
Whooping cough	—	600	1,101	300*	821	98	2,920
Tetanus	—	630	1,220	354	7,676	4,511	14,391
Poliomyelitis	—	167	846	165	7,703	1,220	10,101

SMALLPOX VACCINATION

Number of children vaccinated (or re-vaccinated) in the year ended 31st December, 1968.

Age at date of vaccination	Number vaccinated	Number re-vaccinated
0 — 3 months	28	—
3 — 6 months	58	—
6 — 9 months	97	—
9 — 12 months	100	—
1 year	3,878	2
2 — 4 years	3,420	1,598
5 — 15 years	458	1,893
TOTAL	8,039	3,493

AMBULANCE SERVICE

GENERAL

During 1968 the number of patients carried was 4,234 more than in 1967 – an increase of nearly 2%. This increase was mainly in patients requiring the assistance of two men. The mileage rose by 36,566. The following table gives the details for the years 1967 and 1968:—

1967	Patients	Mileage	Average distance travelled per patient (miles)
Ambulances	74,545	647,720	8.69
Sitting case ambulances ...	133,994	946,864	7.07
Cars	11,084	95,247	8.69
Totals – Service Vehicles ...	219,623	1,689,831	7.69
Hospital Car Service	2,419	18,965	7.84
Private Hire (ambulances and cars)	721	14,210	19.71
All Vehicles	222,763	1,723,006	7.73
1968			
Ambulances	78,854	688,107	8.73
Sitting case Ambulances ...	132,995	926,363	6.97
Cars	11,753	103,010	8.76
Totals – Service Vehicles ...	223,602	1,717,480	7.68
Hospital Car Service	2,851	30,021	10.53
Private Hire (ambulances and cars)	544	12,071	22.19
All Vehicles	226,997	1,759,572	7.75

Arrangements with the St. John Ambulance Brigade and the British Red Cross Society whereby members assist at certain Ambulance Stations, or provide and man ambulances for hire, have continued throughout the year.

Daytime Hospital Units for spastic patients are being developed at Yatton and at Bath. The Geriatric Service is being extended gradually and a full-time Geriatrician has been appointed at Weston-super-Mare. The development of these Services throughout the County could result in heavy additional demands being made on the Ambulance Service.

Traffic congestion has always been a problem, particularly during the summer months. This, however, is now a daily problem and one which is likely to have a growing effect on the requirements for both staff and vehicles.

CONTROL

The system of control has remained unchanged. Improved telephone equipment similar to that in use at Taunton and Shepton Mallet has been installed in the North West Somerset Control at Weston-super-Mare.

The number of vehicles in the four control areas at 31st December was as follows:—

Control Area	Ambulances	Dual-Purpose sitting-case ambulances	Cars	TOTAL
Group 1 Taunton (South West Somerset)	14	11	1	26
Group 2 Weston-super-Mare (North West Somerset)	14	10	1	25
Group 3 Shepton Mallet (North East Somerset)	8	14	1	23
Group 4 Yeovil (South East Somerset)	4	6	1	11
TOTALS :	40	41	4	85

All these vehicles are fitted with 2-way radio communication equipment.

STAFF

The authorised establishment of Ambulance Station personnel at 31st December, 1968, was 158. Details of distribution are given below. With the move of the Control from Glastonbury to Shepton Mallet one of the Sub-Officers previously on the strength of the Glastonbury Station has been transferred to Shepton Mallet. The Sub-Officers undertake control duties at night and at weekends.

An additional Driver/Attendant has been appointed at the Taunton and Weston-super-Mare Stations.

Ambulance Station	Station & Sub-Officers	Senior Drivers	Leading Drivers	Driver Attendants	Trainees	Totals
Bridgwater	—	1	1	5	—	7
Castle Cary	—	1	—	3	—	4
Churchill	—	1	1	5	—	7
Clevedon	—	1	1	12	—	14
Frome	—	—	1	2	—	3
Glastonbury	2	—	—	7	—	9
Highbridge..	—	—	1	2	—	3
Ilminster	—	1	—	2	—	3
Keynsham	—	1	1	5	—	7
Minehead	—	1	1	6	—	8
Norton Radstock	—	—	2	7	—	9
Shepton Mallet	4	—	—	7	—	11
Taunton	5	—	4	21	1	31
Weston-super-Mare	5	—	4	17	1	27
Yeovil	3	—	2	10	—	15
TOTALS	19	7	19	111	2	158

VEHICLES

The total authorised establishment at 31st December, 1968, was 85 vehicles as follows:-

Ambulance Station	Ambulances	Dual-Purpose Sitting-case Ambulances	Cars	Totals
Bridgwater ...	2	2	—	4
Castle Cary ...	1	2	—	3
Churchill	2	2	—	4
Clevedon	5	3	—	8
Frome	—	2	—	2
Glastonbury	2	3	1	6
Highbridge	2	1	—	3
Ilminster	2	1	—	3
Keynsham	1	3	—	4
Minehead	2	2	—	4
Norton Radstock	2	3	—	5
Shepton Mallet	3	3	—	6
Taunton	8	6	1	15
Weston-super-Mare	5	4	1	10
Yeovil	3	4	1	8
TOTALS	40	41	4	85

During the year the following new vehicles were delivered:-

1 ambulance for use at the Taunton Station

4 dual-purpose sitting-case ambulances for use at the Clevedon, Shepton Mallet, Taunton (2) Stations.

HOSPITAL CAR SERVICE

The Hospital Car Service provides a useful alternative form of transport for selected sitting patients. It will be seen from the table shown in the earlier paragraph that there was an increase in 1968 in both number of patients and in mileage run.

AIR AND RAIL TRAVEL

Despite the curtailment of the rail services the greatest possible use is still made of the facilities available. The following table gives details for the year 1968, and, for comparison, those for 1967. Once again I am indebted to the volunteers who so willingly act as escorts to patients travelling by rail.

	Stretcher		Sitting		Totals	
	Patients	Mileage	Patients	Mileage	Patients	Mileage
1967	188	22,402	649	50,205	837	72,607
1968	137	17,057	930	62,073	1,067	79,130

Total equivalent Road Mileages:-

1966 – approximately 149,000

1967 – approximately 145,000

1968 – approximately 158,000

During the year two patients were moved by helicopter to Stoke Mandeville Hospital at a cost of £593 13s. 4d.

PREMISES

No changes have occurred during the year 1968.

CO-OPERATION WITH OTHER SERVICES

As I have previously reported, there is excellent co-operation between the three Emergency Services at all levels throughout the County, and I am grateful for the help given from time to time by the Police and Fire Services.

CHIROPODY

The Chiropody Service, introduced in 1960, is available to all elderly persons of pensionable age, physically handicapped persons and expectant mothers. The scheme provides considerable benefit, especially to the elderly, by helping them to retain their mobility and the figures in the following table show the development of the service since its inception.

Year	No. of Chiropodists accepting patients	New Cases	No. of treatments given		Total
			Surgery	Domiciliary	
1961	18	923	9,013	1,762	10,775
1962	26	790	10,730	2,168	12,898
1963	28	1,516	12,089	4,067	16,156
1964	42	2,574	24,903	6,737	31,640
1965	45	1,902	31,718	11,725	43,443
1966	48	2,284	36,054	14,212	50,266
1967	51	2,446	39,927	17,177	57,104
1968	52	1,878	38,380	17,687	56,067

The total number of patients treated was 8,515, and this compared with the number of treatments given shows that, on average, patients received approximately 6—7 treatments during the year.

During the year endeavours were made to contain this service within certain financial limits by curtailing the number of treatments allowed. This action accounts for the slight downward trend in the total number of treatments given and the larger drop in the number of new cases accepted.

Apart from the treatment provided by Chiropodists in their surgeries, and, when necessary, in the patients' homes, 46 Clubs for the elderly still continue to hold chiropody sessions for their members. These are organised within the clubs, but financial help is given by the County Council. The voluntary work done by Club Organisers is invaluable and I am grateful for their willing co-operation and help.

Treatment on a sessional basis is also being continued in 20 Homes for the Elderly at the request of the County Welfare Committee.

The Patients' contribution towards the cost of treatment (which was raised in October 1967) continues at 3s. 6d. for surgery treatment, and 7s. 0d. for a domiciliary treatment, but in cases of hardship this latter can be reduced.

MENTAL HEALTH SERVICES

There has been a steady continued increase in the number of pupils and trainees attending the eleven junior and adult training centres in the County. Inevitably, this additional service involves increased expenditure on transport.

Due to the enlightened attitude of the South Western Regional Hospital Board and the Sandhill Park Hospital Management Committee, a new "Special Day Care" service was instituted in April 1968. Many very severely mentally handicapped children are nearly helpless, sometimes as a result of physical handicap. In these circumstances, they cannot take part in the new, more educational programmes current in the junior training centres. Arrangements have been made for some of them to attend Yatton and Sandhill Park Hospitals while, in return, some children from the latter come in to the Selworthy Junior Training Centre in Taunton each day. Transport is provided by the County Services. Already, two small children have so improved at Yatton Hospital that they have been able to start successfully at the Baytree Junior Training Centre at Weston-super-Mare.

In addition to the four hostels provided at Taunton, Cheddar, Bridgwater and Yeovil, the "boarding out" scheme continues to provide a very valuable service for many mentally disordered persons who would otherwise be unable to live in the community. At the end of the year, 138 people were receiving grants to augment their own resources so that they could live in rest homes or lodgings. Since the scheme started in 1962, some 240 people have been helped in this way. In many cases, the Department of Health and Social Security is able to provide supplementary benefit to replace the County Council grant if the person concerned has been established satisfactorily in the community for more than a year. An essential ingredient of the scheme is the considerable support which the mental welfare officers provide for their clients in the community.

CARE AND AFTERCARE

Table 1 below gives the number of visits made in connection with the care of the mentally disordered in the community.

Table 1

Guardianship	Aftercare		Other Visits	Total
	Subnormal	Mentally Ill		
439	4,648	6,200	5,331	16,618

The following table shows the number of visits made during the preceding five-year period.

Table 2

Year	Guardianship	Aftercare		Other Visits Social Histories	Total
		Subnormal	Mentally Ill		
1963/4	604	3,697	8,725	5,421	18,447
1964/5	465	3,854	10,674	6,470	21,463
1965/6	441	4,294	10,516	7,874	23,125
1966/7	544	4,628	8,996	6,178	20,346
1967/8	414	4,612	8,294	5,125	16,445

The number of patients referred to the Local Health Authority during the year ended 31st December, 1968 is given in Table 3 over.

Table 3

Referred by	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		Total	
	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over
(a) General Practitioners	1	289	—	2	1	4	1	1	3	296
(b) Hospitals, on discharge from in-patient treatment	—	413	—	—	1	30	—	2	1	445
(c) Hospitals, after or during out-patient or day treatment	1	148	—	—	1	5	3	—	5	153
(d) Local Education Authority	—	2	—	—	4	—	32	—	36	2
(e) Police Courts	—	60	—	2	—	8	—	1	—	71
(f) Other sources	3	353	—	2	31	47	15	6	49	408
(g) Total	5	1,265	—	6	38	94	51	10	94	1,375

HOSPITAL ADMISSIONS

During the year, mental welfare officers were concerned in 680 hospital admissions, mainly on an informal basis. Table 4 gives the details:-

Table 4

Hospital	Informal	Section 25	Section 26	Section 29	Section 60	Total
Tone Vale	172	103	22	29	—	326
Mendip	146	86	15	20	—	267
Glenside and Barrow	6	23	11	12	—	52
Other	21	2	2	3	7	35
Total	345	214	50	64	7	680

In addition, ninety-four patients were admitted to hospitals for the subnormal. On 31st December, 1968, there were fourteen severely subnormal patients awaiting care and treatment; a year previously twenty-six were waiting.

HOSTELS AND RESIDENTIAL ACCOMMODATION

Cliffe View Hostel at Cheddar continues to meet the need for residential accommodation for up to fourteen young women, most of whom are in daily employment.

Croftlands Hostel at Bridgwater accommodates up to ten employable or potentially employable young men. During the year there were thirteen admissions and seven discharges from this Hostel.

"Burton's Orchard" Hostel, Wilton, Taunton, provides accommodation for fourteen recovering mentally ill patients after their discharge from hospital. Dr. F. J. Manning, Consultant Psychiatrist from Tone Vale Hospital, has been most helpful with advice and assistance at this Hostel.

An additional bathroom was added during the year so that there are now two available for the residents.

The Yeovil Hostel provides places for twenty-two children during term-time and also accommodates short-stay boarders during holidays. Following an O & M study, the Hostel was opened for fifty weeks during the year, allowing for additional holiday placements to relieve families. Partly as a result, 109 children and adults were accommodated in this way during the year.

Additional temporary residential care was arranged for thirty-three subnormal persons, of whom twelve were accommodated in hospital, eight in other Local Authority hostels, and thirteen at St. Margaret's, Weston-super-Mare.

DAY CENTRES AND SOCIAL CLUBS

The mental welfare officers continue to collaborate closely with hospital staff at the social health centres at Ivor House, Taunton, and Penn House, Yeovil. They also attend regular case conferences at the psychiatric hospitals in the County.

The arrangements with the Bath Local Health Authority for the attendance of Somerset patients at their Occupational Therapy Centre continue to make a useful contribution to the aftercare facilities in that area.

Nineteen voluntary social clubs for mentally disordered persons now receive grants from the Local Health Authority. Mental welfare officers give their assistance and support at the clubs, often out of normal working hours.

TRAINING CENTRES

The "Industrial Annexe" at Glastonbury was opened on 19th July, 1968 by the Bishop of Bath and Wells. The light, airy workroom and extra storage space have completely transformed the adult part of this combined centre.

Similar annexes at Taunton and Yeovil have resulted in the expected improvement of the facilities provided at these two training centres.

The County Council have provided small grants towards the cost of the swimming pools at Bridgwater and Taunton Junior Training Centres but the remainder of the money has been raised by most praiseworthy local voluntary effort. Both these pools have been completed.

A swimming pool for the Radstock Training Centres, donated by the local Society, is now under construction and will be in use for the 1969 season. Similarly, the Glastonbury and District Society for Mentally Handicapped Children propose to raise funds for a pool at the Beckery Training Centre.

The steady increase in the number of pupils attending training centres is indicated in Tables 5 and 6, which show the number on the registers at 31st December, 1968.

Table 5

Centre	Pupils	Trainees	Boarders	Total
	Female		Male	
Bridgwater Junior	14		27	41
Glastonbury Junior	10		14	24
Radstock Junior	14		26	40
Taunton Junior	16		32	48
Weston-super-Mare	24		43	67
Yeovil Junior	16		24	40
Yeovil Hostel	10		14	24
Bath (Bath Local Health Authority)	2		—	2
	106		180	286

Table 6

Centre	Pupils	Trainees	Boarders	Total
	Female		Male	
Bridgwater Adult	15		22	37
Glastonbury Adult	9		16	25
Radstock Adult	24		32	56
Taunton Adult	17		31	48
Weston-super-Mare Adult	24		11	35
Yeovil Adult	21		23	44
Yatton Hall (Farleigh Ward)	11		12	23
Bath (Bath West Health Authority)	—		1	1
	121		148	269

SPECIAL CARE

On 31st December, 1968, ten children were attending at Yatton Hospital and four children at Sandhill Park.

HOME TEACHING

One part-time home teacher is employed in the Exmoor area for three pupils who are unable to attend a training centre.

VOLUNTARY ORGANISATIONS

The County Council is a subscribing member of the National Association for Mental Health and the Somerset Association for Mental Welfare. Co-operation with the several branches of the National Society for Mentally Handicapped Children in the County, as well as with other local voluntary bodies, has resulted in an expansion of the services provided for the mentally handicapped which would not have been otherwise possible.

WATER SUPPLY

1968 will be remembered for the catastrophic floods which occurred in Somerset, principally in the northern part of the County. In the Bristol Waterworks Company's area, 6.8 in. of rain fell over Chew Stoke in 6½ hours and the Chew Valley Lake and Blagdon Reservoirs took in over 800,000,000 galls. between them on the night of 10th July, causing the Chew to rise nearly 4½ ft. in one day. Fortunately, neither Reservoir overflowed. The Company was faced with a mammoth problem of checking supplies for contamination and the repair of mains, particularly those which had been washed away or damaged as a result of fifteen bridges having been destroyed or partly damaged.

The following is an extract from a report on the weather of 1968 issued by the Somerset River Authority:-

"The rainfall of 1968 was 36.20 inches. It was 8 per cent above average and a slightly wetter year than 1967 with 35.94 inches.

"The exceptional thunderstorm of 10th July which caused severe damage is mentioned below.

"Rainfall was well above average. Most of it fell in the first sixteen days, very little being recorded in the second half of the month. Thunderstorms occurred in the western part of the area on 1st and 2nd causing flooding. A hailstorm occurred on 1st and hailstones of a quarter to half inch together with some as large as pullets eggs were seen at Minehead. These caused much damage to buildings and glass.

"A fall of pink dust occurred on several days early in the month. This was said by Meteorological experts to have been blown by winds from the Sahara. A thunderstorm of great severity occurred during the evening of 10th July over the whole of the Authority's area. During two hours between 9 p.m. and 11 p.m. three inches of rain was recorded at many places. This followed a mid-day storm when more than an inch was recorded in little over an hour. The most intense rain was in a three to ten miles band stretching from Blagdon Hill, (Taunton) to Blagdon Lake, (North of Mendip). Totals for the 24 hours in this area ranged from 4.58 in. to 5.60 in. The storm was accompanied by a wind of great violence. Widespread flooding occurred — much damage was done to property and crops. Six people died in Somerset — only one however in the Authority's area. The rainfall was of most unusual intensity and the frequency of such falls at any given station is probably of the order of once in 150 to 250 years.

"It was a cool year. February was the coldest month with average temperatures 5°F. below normal. June was the wettest for many years. October was a mild month, average temperatures being 2° — 3°F. above 1967.

"Extremes of temperatures were 17°F. on 13th December and 91°F. on 1st July.

"Snow fell in January, February, April and December.

"Sunshine hours were below average in all months except March, April and July and the year's total sunshine hours were well below average.

"It is proposed to take all readings in metric units beginning in January 1970 — millimetres of rainfall and temperatures in degrees Celcius will be the main changes."

SOMERSET WATER UNDERTAKERS

The following are extracts from reports kindly provided by the Bristol Waterworks Company, the West Somerset Water Board and the Wessex Water Board:-

BRISTOL WATERWORKS COMPANY

"The work carried out in the County during the year included the construction of a 500,000 gallon reservoir at Longcross, near Shepton Mallet and work proceeded on the installation of slow sand filters and microstrainers at Stowey Treatment Works, as did the reconstruction of Stoke Bottom Treatment Works, also near Shepton Mallet. Additional plant was installed at Cheddar Treatment Works to pump water to Hillhouse Reservoir, from which supplies are taken to Wells, Glastonbury and Street. A small booster was fitted near the Old Down Inn, Emborough to boost supplies in the Emborough and Binegar (Shepton Mallet Rural) areas.

"The laying of about $2\frac{1}{4}$ miles of 15 in. main from Banwell to Locking to meet increased demands in the villages of Banwell, Hutton and Locking (Axbridge Rural) and at the R.A.F. Station, Locking, has now been completed. Almost a mile of 8 in. and 6 in. main was laid to maintain the supply to domestic consumers in premises situated on the northern hillside at Weston-super-Mare and mainlaying was carried out to improve supplies in the Brean and Berrow (Axbridge Rural), Rode (Frome Rural) and Portishead areas. Mains scraping and some main re-laying was done to improve supplies in the North Wootton (Wells Rural) area.

Details of mains laid during 1968 are as follows:-

Size of Main	Length of Mains – In Yards													Total
	2"	3"	4"	6"	8"	10"	12"	15"	18"	21"	24"	27"	33"	
TRUNK MAINS														
RURALS														
Axbridge	—		8		—	—	—	—	—	—	—	—	—	8
Clutton	—	—	—		—	—	—	—	—	—	—	—	—	—
Long Ashton		—		10	9	664	2,029	—	765	21	195	145	223	4,061
Shepton Mallet		—						—	—	—	—	—	—	—
BOROUGHS AND URBANS														
Burnham-on-Sea		—	—	136	—	—	—	—	—	—	—	—	—	136
Clevedon		—	—	—	—	—	—	258	—	—	—	—	—	258
Keynsham	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Norton Radstock		—	—	—	—	—	—	—	—	—	—	—	—	—
Portishead	—	—	—	—	18	—	—	—	—	—	—	—	—	18
Weston-super-Mare		—	—	296	1,300	—	803	—	—	—	—	—	—	2,399
TAPPING MAINS														
RURALS														
Axbridge	—	1,835	2,015	655	—	—	—	—	—	—	—	—	—	4,505
Bathavon	—	124	1,338	—	—	—	—	—	—	—	—	—	—	1,462
Clutton	—	1,946	1,124	229	420	—	—	—	—	—	—	—	—	3,719
Frome	—	2,971	1,498	—	—	—	—	—	—	—	—	—	—	4,469
Long Ashton		1,298	3,956	3,476	905	839	—	—	—	—	—	—	—	10,474
Shepton Mallet		2,440	2,563	2,248	—	—	—	—	—	—	—	—	—	7,251
Wells	274	1,998	1,411	—	—	—	—	—	—	—	—	—	—	3,683
BOROUGHS AND URBANS														
Burnham-on-Sea	—	632	322	50	—	—	—	—	—	—	—	—	—	1,004
Clevedon	—	194	645	39	—	—	—	—	—	—	—	—	—	878
Frome	—	1,058	469	403	—	—	—	—	—	—	—	—	—	1,930
Glastonbury	—	50		164	—	—	—	—	—	—	—	—	—	214
Keynsham	—	1,191	702	655	—	—	—	—	—	—	—	—	—	2,548
Norton Radstock	—	1,096	370	490	—	—	—	—	—	—	—	—	—	1,956
Portishead	—	738	540	3,410	472	—	—	—	—	—	—	—	—	5,160
Shepton Mallet	—	406	74	1,100	—	—	—	—	—	—	—	—	—	1,580
Street	—	168	22	76	—	—	—	—	—	—	—	—	—	266
Wells	—	257	897	—	—	—	—	—	—	—	—	—	—	1,154
Weston-super-Mare		1,604	1,446	—	—	—	—	—	—	—	—	—	—	3,050
TOTALS	274	20,006	19,400	13,437	3,124	1,503	2,832	258	765	21	195	145	223	62,183

Residential population in Statutory Area of supply		290,110
Estimated population NOT supplied:-		
(a) Rural areas with no piped supply available	600	
(b) Supplied by private wells, springs, etc.	3,225	3,825
Population supplied by Company		<u>286,285</u>
Estimated additional summer population (average for 6 months 1st April to 30th September — excluding day visitors)		
Weston-super-Mare (*50%)	23,895	
Burnham-on-Sea U.D.	6,250	
Axbridge R.D.	6,250	
Wells, Glastonbury and remainder of Mendips	6,000	
Clevedon U.D.	6,000	
Portishead U.D.	3,000	
	<u>TOTAL</u>	<u>51,395</u>

Therefore, ANNUAL AVERAGE

POPULATION SUPPLIED INCLUDING VISITORS

25,700
TOTAL 311,985

* Per Weston-super-Mare Corporation

WEST SOMERSET WATER BOARD

“The average daily consumption for 1968 remained approximately the same as the previous year at 10¼ m.g. and an adequate supply was maintained to all consumers.

“The North Coast distribution system was completed in time for the summer demand and the Board also took over the Crown system in Dunster as from 1st April, 1968.

“At Bridgwater, Ministry approval to the Polden Hills mains replacement scheme was not obtained until November and consequently this work will not be completed before July, 1969.

“Industrial demand continued to rise and a new 9” main for the Quantock Preserving Company has been approved.

“In the Taunton area further replacements and links in the rural area have been completed.”

“The investigations for underground water were unsuccessful and a licence is now being obtained for the extraction of 2 m.g.d. from the Bridgwater/Taunton Canal for treatment at Durleigh.

“On Exmoor a joint committee has been set up with East and North Devon Water Boards and the Devon River Authority and geological investigations have been carried out on four possible reservoir sites.”

Bacteriological and Chemical Results

	Chemical Examination		Bacteriological Examination				
	Total	Sat.	Total	Numbers in Class			
				1	2	3	4
Filter Stations prior to distribution	306	243	331	323	4	1	3
In Supply	533	457	1,093	972	38	13	70
TOTAL	839	700	1,424	1,295	42	14	73

WESSEX WATER BOARD

"A slight reduction in average demand in the Board's area from 7.8 m.g.d. in 1967 to 7.7 m.g.d. in 1968 reflected both the wetter year and increasing efforts devoted to waste detection. Replacement of old corroded mains which are partly responsible for the dirty water troubles experienced for several years is now well under way. The Capital Works Programme has been affected by the economic situation and several schemes were postponed, although the trunk main from Corton Denham to Castle Cary was completed. Design work on several new schemes, mainly to improve supplies in the Chard and Langport districts, is almost complete, and the Board has decided to apply for a licence to abstract 6 m.g.d. from the boreholes sunk in 1967 at Lower Magiston, near Dorchester."

Details of mains laid during 1968 are as follows:-

	15" dia.	12" dia.	10" dia.	8" dia.	6" dia.	4" dia.	3" dia.
	yds.	yds.	yds.	yds.	yds.	yds.	yds.
Western District (Chard, Langport, Ilminster, Crewkerne)	—	—	—	10	3,437	5,620	308
Central District (Yeovil)	109	—	68	189	1,107	2,459	483
Eastern District (Wincanton, Sherborne)	4,255	7,101	—	266	704	3,105	479

Laboratory Analyses 1968

	Bacteriological	Chemical	
		Raw Water	Treated Water
Western District	423	72	182
Central District	128	142	261
Eastern District	276	63	99

The following schemes were approved for grant aid under the Rural Water Supplies and Sewerage Acts, 1944–65 and/or the Water Act, 1945:-

		£
Bathavon Rural	Compton Dando – Hunstrete Extension	5,334
Bathavon Rural	Bathampton Extension	882
Bathavon Rural	Priston – Wilmington Extension	1,419
Bathavon Rural	Swainswick Parish – Tadwick Extension and Improvements	4,448
Dulverton Rural	Winsford – Extension and Improvement	9,015
Frome Rural	Berkley Water Extension	13,050

£34,148

WATER SAMPLES

	Raw Water				Treated after going into supply			
	Bacteriological		Chemical		Bacteriological		Chemical	
	No. Taken	Satisfactory	No. Taken	Satisfactory	No. Taken	Satisfactory	No. Taken	Satisfactory
Boroughs and Urbans	65	45	14	14	451	431	22	21
Rurals	491	307	40	36	623	577	120	114
TOTALS	556	352	54	50	1,074	1,008	142	135

The following figures refer to samples taken from well water supplies:-

	Boroughs and Urbans		Rurals	
	No. Taken	Satisfactory	No. Taken	Satisfactory
Bacteriological	34	5	235	98
Chemical	2	2	1	—

The quality and quantity of water supplied was most satisfactory and contamination of water was almost solely confined to spring and well supplies. In the latter cases, owners were advised to connect to the main, but where this was impossible, they were instructed to chlorinate the water or alternatively to ensure that it was boiled before consumption. With regard to the few isolated cases of contamination of treated water, these were either caused through faulty or unhygienic fittings in households or occurred during main-laying. In the latter case, thorough flushing of the main rectified matters.

In the Annual Report for 1966, reference was made to a Ministry of Housing and Local Government Technical Memorandum which dealt particularly with the problem of enforcing a more restrictive standard of effluent. This is not only desirable but in many cases essential by virtue of diminishing flows in rivers due to a rise in the consumption of water and a corresponding increase in the amount of sewage.

The Technical Memorandum, which dealt with local authority effluents only, has now been followed by a further Memorandum which not only draws the attention of all authorities concerned with the problem of effluents to rivers, but also lays down certain criteria for industrial effluents.

Ever since the passing of the Public Health (Drainage of Trade Premises) Act, industrialists have considered the advantages and costs of directing industrial effluents to public sewers or alternatively of industry being entirely responsible for the treatment of their own waste. Generally, the policy has been to direct industrial discharges to local sewers for treatment along with normal domestic sewage. Much of course depends on the charges levied by local authorities and on the type of effluent and the latest Memorandum has classified the latter into four main groups — (i) Effluents from food and drink manufacture; (ii) Other organic effluents; (iii) Effluents containing metals and cyanides; and (iv) Chemical effluents.

It will be noted that radio-active materials are not mentioned as this is dealt with under special legislation.

SEWAGE DISPOSAL

Details regarding schemes completed, still in progress or proposed as at 31st December, 1968, are set out below. Financial particulars of schemes approved for grant-aid purposes by the County Council during the year are shown on Page 56.

BOROUGHES AND URBAN DISTRICTS

BRIDGWATER. Work has now been completed on a relief sewer in Gloucester Road (£8,500) and a start made on the laying of a flood relief sewer in North Street (£7,000). With regard to the provision of a new sewage disposal works the construction of pumping stations, mains and gravity sewers, which are to be provided to link existing outfalls with the disposal works when provided have been relegated in order of priority to Group 4. These works estimated in 1967 to cost £600,000, have now increased to £830,000. In order of priority the District Council state that they are proposing to lay a 21 in. diameter combined sewer at Binford Place (a preliminary section of the Borough drainage proposals) at an estimated cost of £6,000. Other proposals are concerned with private and council housing development.

BURNHAM-ON-SEA. Work is still proceeding in connection with the sewerage of private estate developments including pumping stations which are to serve a future comprehensive main drainage scheme for the district. Two main drainage pumping stations have already been completed, namely one at Rectory Drive and the other at Ashcott Drive. Still in progress are various private estate developments, including the provision of pumping stations to serve the future comprehensive main drainage scheme generally for the District. This includes the construction of pumping stations and tank sewers in joint ventures between private developers and the Local Authority. The Ministry has now approved the main principle inherent in the proposals to drain in a southerly direction from Berrow to Highbridge with outfall and treatment in the Highbridge vicinity.

CLEVEDON. The District Council accepted a tender in the sum of £400,000 for the construction of a main relief sewer and it is anticipated work on this project will be commenced in 1969. Negotiations are still proceeding in connection with the construction of a new sewage treatment works which it will be recalled is to be a joint venture with the Long Ashton Rural District Council.

FROME. Proposals for providing a storm relief sewer at Adderwell (£18,000) and extensions to the sewage disposal works (£120,000) are included in the District Council's future proposals.

GLASTONBURY. The sewerage scheme which includes the provision of a sewage pumping station and pumping main adjoining Paradise Allotments which has been necessitated by housing development in the area was completed during the year at an estimated cost of £7,350.

KEYNSHAM. No new works or improvements were completed during the year, although a start was made on the relaying of services for the eastern area of the District. It will be recalled that the relaying of sewers and the construction of a pumping station for the western area of the District was completed in 1967.

NORTON RADSTOCK. Modifications and improvements at the sewage disposal works were completed during the year at an estimated cost of £16,500. Some progress has also been made in connection with the new disposal works for Radstock and the provision of new trunk sewers at a total estimated cost of £225,000.

Under future proposals, the District Council have incorporated a scheme for increasing the capacity of main sewers in certain areas of Midsomer Norton. This work is estimated to cost some £70,000.

PORTISHEAD. The construction of a 48 in. surface water sewer to drain the Wetland Lane, Gordano School and Clevedon Road areas has been completed at an estimated cost of £21,000. In order of priority the District Council state that they wish to proceed with the following future proposals:

1. Construction of a 9 in. to 24 in. storm relief sewer at Station Road (£8,000);
2. Construction of a 9 in. to 24 in. storm relief sewer at southern end of High Street (£5,000).

There is, of course, in addition, the possible construction of sewage disposal works for the Urban area in association with neighbouring authorities.

STREET. An 18 in. sewer has been laid along Glaston Road at a cost of £3,720 and a 6 in. sewer is in the course of being laid in Middle Brooks (£5,000). Extensions to the existing sewage disposal works (£25,000) and enlargement of sewers are to be pursued at a later date.

WATCHET. No new works or improvements were completed during the year but in order of priority the Council's future proposals include an extension to the Five Bells sewer (£5,680) and an extension to the Market Street sewer (£1,800).

WELLINGTON. The provision of foul and surface water sewers and rising main for the new Priory Estate has been completed and some progress has been made in connection with the provision of a pumping station. In order of priority the following schemes are included in the Council's future proposals:

1. New sewage disposal works (£550,000);
2. New trunk sewers which includes the abolition of the existing works at Mitchell's Pool (£300,000).

WESTON-SUPER-MARE. Schemes completed include the provision of a sewer at Sunnyside Road North (£5,500) and the relining of the sewer at George Street (£7,500). Work is still in progress on carrying out improvements to the sewerage system at Uphill including new auxiliary pumping stations (£32,000). More work is proposed at a future date in connection with the main drainage scheme and provides for extensions to the Milton Green sewer. The estimated cost of the proposals is £62,500.

RURAL DISTRICTS

AXBRIDGE. Work has now been completed on the sewer extensions at Sandford Road and Parsons Way in the parish of Winscombe (£4,700). Phases II and III of the Comprehensive Scheme, that is the laying of sewers to serve Churchill and Lower Langford (£189,000), the provision of sewerage and sewage disposal facilities for the parish of Kewstoke including Sand Bay (£200,000), and the sewerage of the Cross area in Compton Bishop (£14,000) are included in the District Council's future proposals.

BATHAVON. A small sewer extension in the parish of Shoscombe was completed at an estimated cost of £1,500. The combined scheme for an enlarged sewage disposal works at Freshford, which will also treat sewage from part of Limpley Stoke in the Rural District of Bradford and Melksham (£33,000), is now in progress. Future proposals in order of priority are concerned with the following schemes, both of which have been submitted to the Ministry for approval:

1. Proposals for enlarging sewers and provision of new disposal works for New Buildings in the parish of Carlingcott. (Estimated cost of £14,000);
2. Proposals for enlarging sewers and provision of new disposal works for Marksbury and Compton Dando. (Estimated cost £100,000).

A scheme for sewerage of the parish of Hinton Charterhouse is almost ready for submission to the Ministry.

BRIDGWATER. No new works or improvements were carried out during the year, but under future proposals, and in order of priority the following schemes will be dealt with:

1. North Petherton — Ministry approval has been obtained (in tender stage) (Estimated cost £90,000).
2. Nether Stowey — the Ministry have approved this project in principle. (Estimated cost £175,000).
3. Ashcott, Pedwell and Shapwick — proposals have been submitted to the Ministry and a local enquiry held. (Estimated cost £175,000).
4. Middlezoy and Othery — detailed scheme in course of preparation.

CHARD. The provision of sewers and sewage disposal works for Dowlish Wake and Kingstone were completed during the year at an estimated cost of £41,370. The Ministry of Housing and Local Government has held an informal enquiry into the Council's application to provide a new sewage disposal works and the provision of new sewers in the parish of Merriott, but it has been suggested that only part of the scheme should be proceeded with. However, the Council have decided to press the Ministry for permission to carry out the whole scheme, which amounts to approximately £151,000. The construction of sewage disposal works at Shepton Beauchamp (£5,000), also provision of sewage disposal works at Winsham and Misterton (£17,000) are included in the Council's future proposals.

CLUTTON. Considerable progress has been made during the year and the scheme covering Timsbury, High Littleton, Hallatrow with extensions to the Paulton sewage disposal works, was completed at an estimated cost of £225,000. In addition, extensions to the Chew Magna, Bishop Sutton sewage disposal works were finally completed at a cost of £245,000. The £165,000 project for the Farrington Gurney — Temple Cloud area has now been submitted to the Ministry of Housing and Local Government. The following schemes are proposed but are not necessarily in order of priority:

Pensford, Ston Easton;
 Clutton Stage II;
 East and West Harptree;
 Chilcompton Stage II.

DULVERTON. The sewerage and sewage disposal scheme for the parish of Winsford was completed during the year at an estimated cost of £38,000. Future proposals in order of priority are as follows:-

1. Bridgetown. Ministry approval has already been obtained and work on the scheme is due to be commenced in 1969. (Estimated cost £16,000).
2. Dulverton. New sewage works are to be provided and proposals have already been submitted to the various authorities. (Estimated cost £120,000).
3. Brompton Regis. New scheme in course of preparation. (Estimated cost £25,000).
4. Brushford. Replacement of pumps. (Estimated cost £1,000).

FROME. Work is still in progress on sewerage of the Faulkland area. New works are not being provided as drainage from Faulkland will be connected to the existing works at Norton St. Phillip (£55,000). Ministry approval has been given to the main drainage scheme for Witham Friary and Trudoxhill with disposal to the Nunney works. This scheme (estimated cost £93,000) and proposals for Buckland Dinham and Beckington with a combined estimated cost of £125,000, are in the Council's future proposals.

LANGPORT. Work is still in progress in connection with the Fivehead sewerage and sewage disposal scheme. The disposal works have been so designed that they can readily be extended to serve the whole of the western area. An outline scheme of sewerage and sewage disposal for the entire district has now been accepted in principle by the Ministry of Housing and Local Government (£1,456,000). In addition, instructions have been given to the Council's consulting engineers to prepare a combined scheme for the enlargement of the Somerton works and the sewerage of the parishes of Kingsdon, Charlton Mackrell and Keinton Mandeville.

LONG ASHTON. Work is now in progress on the Yeo Valley trunk sewer (Contract No. 1) which will serve Backwell, Nailsea and Kenn with drainage to works at Kingston Seymour (£1,450,000). Also in hand is the sewerage for the "60 acres" area at Wraxall (Failand). Drainage from this particular area will flow to the Tyntesfield treatment works (£110,000). Other work in connection with the Yeo Valley scheme comprises Contract No. II [provision of sewage works at Kingston Seymour (£750,000)] and Contract No. III [the laying of sewers at Kingston Seymour, Wraxall and Tickenham, Yatton, Flax Bourton, etc. (£350,000)]. These two contracts, together with the other proposals for the Lulsgate area, the drainage of Bristol Airport and parts of Axbridge Rural District to the Long Ashton District Council's sewers, the relaying of foul sewers at Yeomeads and the provision of sewerage and sewage disposal facilities at Long Ashton (Leigh Woods) are all included in the Council's future proposals. There is, of course, the Gordano Valley drainage scheme still included in the future proposals. This scheme is designed to serve Easton in Gordano, Portbury, North Weston, Portishead, etc. A small extension at Valley Road, North Weston is also proposed.

SHEPTON MALLETT. Work is still proceeding on the Cranmore sewerage and sewage disposal scheme which, on completion, will serve East and West Cranmore. (Estimated cost £56,015). The Council's consultants are now working on an amended scheme for Evercreech which will also include part of Stoney Stratton, also schemes for East and West Lydford and Batcombe, which will include the hamlet of Westcombe. Also appearing on the Council's future proposals are schemes for Alhampton (Ditchat parish), Parbrook (West Bradley parish) and Binegar.

TAUNTON. No new works were either completed or in progress at the end of the year. The District Council's future proposals in order of priority, provide for schemes for North Curry and Stoke St. Gregory, West Monkton, Kingston St. Mary and West Bagborough.

WELLINGTON. Apart from a small sewer extension at Holywell Lake in the parish of Wellington Without, no major works or improvements have been completed. The Local Authority's future proposal programme is concerned with the provision of sewerage and sewage disposal facilities for Sampford Arundel and Wellington Without (Holywell Lake) at an estimated cost of £110,000, the provision of new sewers at Oake, Hillfarrance (£32,000), again in the parish of Oake but in the village of Hillcommon the provision of a new sewer, and at Milverton the relaying of sewers and enlargement of disposal works at a combined estimated cost of £183,000. In addition, there is to be an enlargement of the disposal works at West Buckland (£7,000).

WELLS. Work completed during the year comprised an extension to the Wookey Pumping Station and the installation of a new pump. In order of priority, the following schemes are proposed:-

1. Coxley (Estimated cost £35,000).
2. Wookey Hole and adjacent area (£55,000).
3. Meare. Extension to include Oxenpill and Westhay. (No estimate available).
4. Wookey. To include Yarley, Henton and Bleadney. (£15,000).
5. Chewton Mendip. (No estimate available).
6. East and West Horrington. (No estimate available).
7. West Pennard. (No estimate available).
8. Dinder, Dulcote and North Wootton. (No estimate available).

WILLITON. The sewerage proposals for Holford, Kilve and East Quantoxhead (£50,633) and the construction of sewers and a small disposal works at Leighland (£3,770) have now been completed. Under future proposals, the District Council still show their scheme for the reconstruction of the disposal works at Stogursey which in addition to dealing with increased development and trade waste will also take the drainage from the hamlets of Shurton, Burton and Knighton (£56,500). A scheme for Timberscombe and Wootton Courtenay is also proposed.

WINCANTON. The renewal of existing sewers at Castle Cary was completed at an estimated cost of £4,424 and in progress is the major sewerage and sewage disposal scheme for Galhampton (£39,000). Included in this Authority's future proposals are:-

1. Milborne Port. Reconstruction of sewage disposal works (£120,000).
2. Sparkford. Reconstruction of sewage disposal works (£80,000).
3. A sewerage and sewage disposal scheme for Holton, Horsington and South Cheriton. (£100,000).
4. The reconstruction of sewage disposal works at Corton Denham (£15,000).
5. The reconstruction of sewage disposal works at Castle Cary (£70,000).

YEOVIL. The sewerage and sewage disposal scheme for Ash and Tintinhull was completed during the year at an estimated cost of £134,000. There would again appear to have been a slight amendment in this Authority's future proposals and in order of priority, these are now:

1. Yeovil Without. Extensions to sewage disposal works and sewers (£33,500).
2. South Petherton. New sewage disposal works and relief sewers (£118,000).
3. Chiselborough, Norton-sub-Hamdon and West Chinnock. Provision of sewers. (£193,000).

The following schemes were approved for grant aid under the Rural Water Supplies and Sewerage Act, 1944 65:-

		£
Axbridge Rural	Banwell, Sandford and Churchill Sewerage and Sewage Disposal, Phases II and III	188,497
Bathavon Rural	Marksbury — Compton Dando Sewerage and Sewage Disposal	100,619
Bathavon Rural	Peasedown St. John — New Buildings Improvements	11,343
Bridgwater Rural	Ashcott and Shapwick Sewerage and Sewage Disposal	176,780
Bridgwater Rural	Nether Stowey and part of Over Stowey Sewerage and Sewage Disposal	134,000
Chard Rural	Merriott Sewerage and Sewage Disposal	146,900
Taunton Rural	West Bagborough Sewerage and Sewage Disposal	44,000
Taunton Rural	Norton Fitzwarren — Langford Extension	20,850
Taunton Rural	Kingston St. Mary Sewerage and Sewage Disposal	142,000
Wellington Rural	West Buckland — Poole Extension	3,100
Wellington Rural	Wellington Without — Holywell Lake Extension	5,700
Wells Rural	St. Cuthbert Out — Wookey Hole to Elm Close Extension	119,000
Williton Rural	Shurton, Burton and Knighton — Stogursey Sewerage and Sewage Disposal	56,500
Wincanton Rural	Galhampton — North Cadbury Sewerage and Sewage Disposal	42,310
Yeovil Rural	Barwick and Stoford Sewerage and Sewage Disposal	59,120
Yeovil Rural	South Petherton, Chiselborough, Norton-sub-Hamdon and West Chinnock Sewerage and Sewage Disposal	123,475
		<hr/> £1,374,194 <hr/>

HOUSING

Details regarding applications received and approved during 1968 for Discretionary and Standard Grants are set out in Table 'A'. Other information concerning the housing situation in Somerset is contained in Tables 'B', 'C', 'D' and 'E'.

TABLE 'A'

	Applications							
	Received				Approved			
	Boroughs and Urbans		Rurals		Boroughs and Urbans		Rurals	
	1967	1968	1967	1968	1967	1968	1967	1968
Discretionary	167	147	338	325	147	127	325	298
Standard	269	278	374	296	255	255	365	289
TOTALS	436	425	712	621	402	382	690	587

A total of 969 applications involving 1,119 properties, were approved during the year of which 681 were from owner/occupiers.

TABLE 'B'

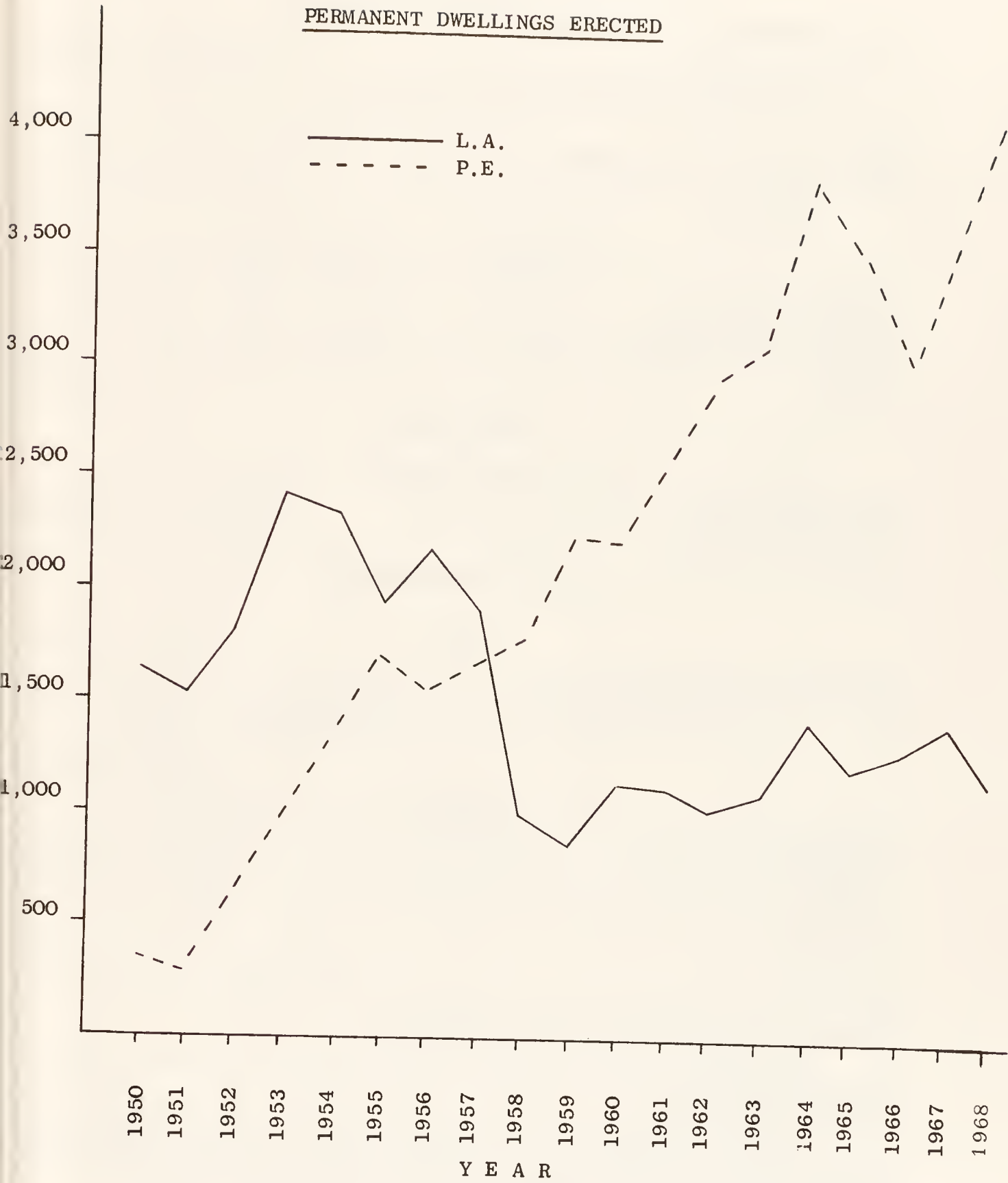
	Action during year								Rent Act, 1957 (1st Schedule)	
	Number of Houses demol- ished or closed under Section 42 of the Housing Act, 1957 (Clear- ance Areas)	Housing Act, 1957 (Section 17 – Indi- vidual Unfits) Number of Houses Lost			Number of temporary dwell- ings, huts etc. demol- ished	Number of Houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	Number of unfit Houses occu- pied under licence	Number of Houses made fit during year	Certificate of Disrepair	
		Demol- ished	Clo- sed	for other purposes (Road Improve- ments)					Number of appli- cations received	Number of Certi- ficates issued
Boroughs & Urbans	126	165	100	62	47	38	—	391	—	—
Rurals	12	102	101	22	1	27	—	469	—	—
TOTALS	138	267	201	84	48	65	—	860	—	—

TABLE 'C'

	No. of Permanent Dwellings as at 31.12.68		Old People's Dwellings Number erected to 31.12.68	
	L.A.	P.E.	Warden-Supervised Dwellings Financially Assisted by County Council	Erected by Local Authorities without County Council Financial Assistance
Boroughs & Urbans	28,285	66,754	1,457	352.
Rurals	19,394	80,745	1,149	896
TOTALS	47,679	147,499	2,606	1,248

The number of permanent dwellings in the County as at 31st December, 1968 now includes many properties which have been reconditioned, although previously condemned.

From figures provided by all authorities, it would seem that a further 377 old people's dwellings either with or without warden supervision, are in course of erection.

PERMANENT DWELLINGS ERECTED

APPLICATIONS FOR HOUSING ACCOMMODATION

These are shown in the following Table, together with comparative figures for 1967.

TABLE 'D'

Applications	As at 31.12.67.		As at 31.12.68	
	Boroughs and Urbans	Rurals	Boroughs and Urbans	Rurals
Urgent Bona Fide Cases	1,949	1,783	1,887	1,943
For Old People's Dwellings	1,347	988*	1,190	1,084*
Other	2,397	2,005	2,619	1,778

* Includes transfers

Houses constructed by local authorities during 1968 numbered 1,160 (1,446 in 1967); those privately constructed numbered 4,154 (3,517 in 1967). The graph on page illustrates housing progress since 1950.

PROGRAMME FORCAST

TABLE 'E'

	Housing Needs – Based on Local Authority Capacity for Building			
	1969	1970	1971	1972
Boroughs and Urbans	683	453	401	289
Rurals	478	316	134	140
TOTALS	1,161	769	535	429

NOTE:— Four Authorities have not prepared Programmes.

Table 'E' above shows the number of houses required to meet the over-all shortage of housing at moderate rents.

In 1965 the Ministry of Housing and Local Government requested housing authorities to submit house-building programmes four years ahead and to produce such figures annually. So far as 1968 was concerned, houses completed actually fell some 400 short of the forecast.

SANITARY CIRCUMSTANCES

SCHOOL SANITATION

It will be recalled that a programme to improve sanitary facilities at primary schools was set in motion some years ago.

In spite of many difficulties, it is gratifying to report that as at 31st December, 1968, sanitary improvements had been completed at 55 schools and work on a further 16 was nearing completion.

A review of the situation early in 1968 of all "cleared schools" (those schools where their future was assured) resulted in a slight revision of programmes.

The total estimated cost of all work amounts to £360,000, that is for contracts up to No. 34. It is anticipated that the value of contracts will diminish and the time shortened on completing the work as many of the Borough and Urban Schools are included in the earlier Contracts, i.e., 1-11.

In addition to the above, many schools are being dealt with under schemes of re-organisation.

The position as at the end of 1968 so far as completion of contracts is concerned is set out fully in the School Annual Report.

It will, of course, be appreciated that in addition to the sanitary improvement programme many schools are being dealt with under schemes of re-organisation.

CLOSET ACCOMMODATION

It is always a little difficult to obtain an accurate figure concerning conversions from pail and other types of closet to water carriage systems. However, from the figures available, progress is being maintained with some 206 conversions having been completed during the year.

CESSPOOL EMPTYING

There would appear to have been little change in the arrangements for the emptying of cesspools — although one other authority introduced a scheme of one free emptying per year. Charges levied remain about the same as in 1967 and are based on the load and size of cesspool or on a flat rate. Removal under contract is now the more common method of dealing with this service.

HOUSE REFUSE AND TRADE WASTE

	Removed by		Number of Vehicles Employed
	Direct Labour	Contract	
Boroughs and Urbans	20	—	36
Rurals	15	1	46

Wells Rural District Council is the only authority operating a service under contract.

It is only in the more rural localities that there is any departure from the routine weekly collection of household refuse. The removal of trade waste, quite obviously, is more difficult to arrange in the rural areas. Only five authorities are at present operating a service — two make a small charge.

REFUSE DISPOSAL

	Boroughs and Urbans	Rurals
Controlled tipping	18	20
Semi-controlled tipping	1	5
Uncontrolled tips	—	—
Incineration method	1	—

NOTE:— Two authorities are using tips in neighbouring districts.

Part III of the Civic Amenities Act came into operation on 5th January, 1968, and gave local authorities powers to remove and dispose of abandoned vehicles. This in itself was a much-needed piece of legislation but will most certainly add to the present difficulties of some authorities who are hard pressed to find suitable sites for ordinary refuse.

In one or two cases, part of the existing refuse disposal sites have been fenced off as reception areas for old vehicles. Scrap merchants are then permitted to enter the site and remove all saleable items. The remainder is cut up for disposal on the tip. This would appear to be an excellent arrangement as the local authority is not required to find either labour or plant. There would not, however, appear to be any set pattern for the removal of abandoned vehicles, each authority dealing with the problem as most suits their local needs and facilities.

PREVENTION OF DAMAGE BY PESTS

	Number of Rodent Operators Employed	
	Whole-time	Part-time
Boroughs and Urbans	5	15
Rurals	9	8

Whether this scheme is operated by local authorities or under contract, there would not appear to have been any really serious infestation problems.

AGRICULTURAL (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1956

The majority of sanitary authorities find it quite impossible to undertake, as a matter of

routine, the inspection of all agricultural properties in their areas to ensure the suitability and sufficiency of sanitary facilities for farm employees.

No formal notices were served during the year. The Ministry of Agriculture, Fisheries and Food, who also have certain responsibilities under the Act, do, wherever possible, liaise with local authorities on the question of sanitary facilities.

CAMPING AND CARAVAN SITES

GYPSIES

The problem of providing suitable sites for gypsies and itinerant travellers has not yet been resolved. It is quite apparent from the unauthorised camping which takes place in various parts of the County that sites are needed, but finding suitable locations is always fraught with difficulty, since local people are reluctant to have such sites in their vicinity. Nevertheless, under the Caravan Sites Act, 1968 Part II, which has not yet been implemented, it will be the duty of the County Council to provide sites, and it is not anticipated that any real progress will be made until this legislation is operative.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

	Permanent		Seasonal	
	Boroughs & Urbans	Rurals	Boroughs & Urbans	Rurals
Number of single caravans licensed	72	339	9	17
Number of site licences issued in respect of more than one caravan	19	92	18	94
Estimated maximum number of occupants resident during year	1,137	2,570	19,012	14,161
Number of sites closed as a result of above Act	1	9	—	—
Number of unlicensed sites in use	4	55	—	—

The static caravan sites, particularly in coastal areas, are now up to a fairly good standard and some very attractive residential sites have been provided.

The problem of finding suitable tourist sites for mobile caravans and tents is still with us, and in a holiday county such as this, the need is very apparent during the peak holiday period. Obviously, this is something which Local Authorities will have to face as the growth of this type of holiday is likely to increase very much in the future.

LAY-BYS — SANITARY CONVENIENCES

There has been no further provision of sanitary conveniences on trunk roads in the County. The existing facilities are working very well and provide a much-needed service for the travelling public, which augments the facilities available at some petrol filling stations, cafes, etc. Unfortunately, the latter are not available during the night-time, when many holiday travellers are on the road.

SCHOOL SWIMMING POOLS

As previously forecast, swimming pool projects are becoming increasingly ambitious with particular emphasis on the provision of covered and heated facilities. Two pools have had covers added during the past twelve months; four recently-constructed pools are covered and a further four at present under construction will, in due course, have overhead cover. Much depends on the fund-raising ability of the Parent/Teacher Associations concerned.

Indoor pool facilities have been provided using the following methods:—

<u>Clear Span Solar Cover</u>	<u>Converted Play Shed</u>	<u>Converted Kitchen</u>	<u>Converted Classroom</u>
6	4	1	2

An agreed formula for the covering and heating of pools is as follows:—

- Stage I: Erection of a solar-type cover over the pool so allowing 30-32 weeks' use of pool.
- Stage II: Installation of water-heating equipment to boost water temperatures at beginning and end of season. (In some cases it may be possible to utilise existing school heating facilities to boost water temperatures.)
- Stage III: Double insulation of the solar cover and provision of air-heating equipment to allow year-round swimming.

A very careful check is maintained on the efficiency of water treatment at all school swimming pools and each school has been required to submit a weekly return of chlorine residual readings.

MENTAL HEALTH TRAINING CENTRES

Learner-type swimming pools with solar covers have been constructed at the Penrose Training Centre, Bridgwater, and at the Selworthy Training Centre, Taunton, during 1968, and work is proceeding on the provision of a rather larger pool although of similar specification, at the Hilltop Training Centre, Radstock. It is anticipated that this project will be completed early in 1969. It is very evident that these pools are a great success and the staff are highly delighted by the confident way the children have taken to the water.

The development of school swimming pools over the past few years is set out in the following table:—

Year	PERMANENT POOLS		PORTABLE POOLS		NUMBER OF BATHS			
	With Purification Plant	Without Purification Plant	With Purification Plant	Without Purification Plant	Local Authority		S.C.C. Schools	
					Boroughs & Urbans	Rurals	Boroughs & Urbans	Rurals
Prior to 1960	2	13	—	—	15	—	43	56
1960	4	16	—	—				
1961	7	19	—	2				
1962	9	21	1	2				
1963	13	20	1	3				
1964	25	15	2	9				
1965	29	15	9	10				
1966	40	12	17	10				
1967	48	11	26	4				
1968	53	10	31	5				

SUPERVISION OVER THE FOOD SUPPLY

SLAUGHTERHOUSES AND MEAT INSPECTION

Details concerning licensed slaughterhouses, meat inspection and weight of meat condemned, are contained in the following Tables.

TABLE 'A'

	Slaughterhouses/Abattoirs in operation owned or leased by Local Authorities	Private Slaughterhouses		Bacon Factories	Knackers Yards
		Licensed	Operating		
Boroughs & Urbans	3	14	14	1	1
Rurals	—	51	48	1	6
Totals	3	65	62	2	7

TABLE 'B'

	Cattle and Cows	Calves	Sheep and Lambs	Pigs	Total
(1) Number inspected	99,638	36,987	323,325	242,052	702,002
(2) All diseases except tuberculosis and Cysticerci					
(a) Whole carcasses condemned	844	857	1,508	1,553	4,762
(b) Carcasses of which some part or organ was condemned	46,900	883	36,664	34,579	119,026
(3) Tuberculosis only					
(a) Whole carcasses condemned	—	—	—	7	7
(b) Carcasses of which some part of organ was condemned	42	—	1	2,270	2,313
(4) Cysticercosis					
(a) Carcasses of which some part or organ was condemned	147	—	—	—	147
(b) Carcasses submitted to treatment by refriger- ation	82	—	—	—	82

NOTE: HORSES 1,316 killed; 1,316 inspected
No. 2 above: (a) - 6
No. 2 above: (b) - 187

The total weight of meat condemned during the year amounted to 1,251,894 lbs. of which 12,962 lbs. or 1.0 per cent were affected with Tuberculosis. This is not a complete figure for the County as some authorities were unable to provide this information.

TABLE 'C'

	Meat Condemned - 1968 — lbs. —					
	Cattle and Cows	Calves	Sheep and Lambs	Pigs	Horses	Total
Tuberculosis	898	74	4	11,986	—	12,962
Cysticercosis	5,846	—	—	—	—	5,846
Other	755,698	41,958	155,487	274,065	5,878	1,233,086
TOTALS	762,442	42,032	155,491	286,051	5,878	1,251,894

THE SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS

THE SLAUGHTERHOUSE (HYGIENE) REGULATIONS

Most authorities would appear to have maintained standards required under the above Regulations by routine inspections and informal action. The one major contravention appeared to be the use of wiping cloths in the dressing of carcasses, which were prohibited after 1st November, 1968 (the Slaughterhouses (Hygiene) (Amendment) Regulations 1966. Paper towels have now replaced the old unhygienic method of wiping down carcasses and associated offal with cloths.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Number of premises licensed:

Boroughs and Urbans — 7

Rurals — 52

Since the introduction of this Act, standards have now improved considerably. Routine visits are being maintained by local authority staff and in some cases, in conjunction with local veterinary personnel.

POULTRY PACKING AND PROCESSING ESTABLISHMENTS

The Slaughter of Poultry Act, although receiving the Royal Assent in 1967, is still not operative. This Act is designed to secure humane conditions of slaughter; the entry of any authorised person to premises where the slaughter of poultry is being carried out and the registration of all premises where poultry is stunned before slaughter. It also provides for the making of regulations for the confinement and treatment of turkeys and domestic fowls whilst awaiting slaughter.

The approximate weekly kill amounted to some 163,000 birds at the sixteen poultry-packing establishments located in Somerset.

DESIGNATED MILK (RAW)

MILK PRODUCERS AND PRODUCER-RETAILERS. The following details have been provided by the Divisional Executive Officer of the County Agricultural Executive Committee.

	As at 31st December, 1968
Number of Registered Producers in County	4,804
Number of Producers holding Untreated milk licences	187

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963 (as amended)

Details of samples taken from the licensed pasteurising and one sterilising plants during 1968 are set out in Table 'A'.

TABLE 'A'
Licensed Pasteurising Plant Samples

	Number of Samples Taken	Number Satisfactory	Sample Failures
Pasteurised			
Bulk	4	3	1
Bottled	382	374	8
TOTALS	386	377	9
Steralised	4	4	—

Information concerning samples taken from Producer/Retailers and licensed Dealers appearing in Table 'B' and Table 'C' is a summary of all samples taken, excluding school milk, during 1968. School milk results appear on Page 74.

TABLE 'B'
Licensed Dealers' Samples

	Number of Samples Taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised	1,567	1,454	7.2
Sterilised	6	6	—
Untreated	840	735	12.5
Ultra-Heat Treated	21	21	—
TOTALS	2,434	2,216	9.0

FAILURE TABLE

	Pasteurised Milk	Untreated Milk
(1) Number failing Phosphatase Test	8	—
(2) Number failing Methylene Blue Test	104	105
(3) Number failing both Tests (1) and (2)	1	—

TABLE 'C'
Licensed Pasteurising Plants and Dealers' Samples
(Tables 'A' and 'B')

	Number of Samples Taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised	1,953	1,831	6.2
Sterilised	10	10	—
Untreated	840	735	12.5
Ultra-Heat Treated	21	21	—
TOTALS	2,824	2,597	8.0

Dealers' licenses operative as at 31st December, 1968 are as follows:-

Dealer's (Steriliser's) Licence	1
Dealer's (Pasteuriser's) Licence	13
Dealer's (Untreated) Licence	33
Dealer's (Pre-Packed Milk) Licence	744

In addition to the above, there are a further 187 producers of untreated milk licensed by the Ministry of Agriculture, Fisheries and Food to retail, many of whom are also licensed by the County Council as Dealers.

Samples taken from these Producer/Retailers are included in the figures in Table 'B' above.

BIOLOGICAL SAMPLING—BRUCELLOSIS

The sampling of milk for biological purposes from all retailers of Untreated (raw) milk in the County was continued during 1968. Check samples, either individual cow or group samples, were also taken following evidence of milk-borne infection, i.e., undulant fever. 1,094 samples were submitted to the Public Health Laboratories of which 36 samples affecting 24 farms were found to show positive evidence of Infectious Brucellosis.

The voluntary scheme for the eradication of Brucellosis is now in operation. Very briefly, it involves the establishment of a 'Register of Accredited Herds' and subject to satisfactory veterinary reports on premises and management, herd owners qualify to have tests taken by the Animal Health Division of the Ministry. If the tests are satisfactory and all infected animals removed, owners then qualify for inclusion on the Register. Samples taken by the Department are taken into consideration when assessing the health of herds. At the end of the year, 16 had qualified for entry to the scheme.

EMPTY CLEANSED BOTTLES

The examination by the Public Health Laboratory Service of empty cleansed bottles has been in existence for many years and it is a service which many dairies appreciate as it is the only means of having their standard of bottle-washing checked at regular intervals. Although there is no fixed standard for cleansed bottles, the Society of Dairy Technology have recommended that dairies should make every effort to achieve the following standard:-

<u>Colony Count Per Pint Bottle</u>	<u>Classification</u>
0-200	Satisfactory
200-600	Fairly Satisfactory
Over 600	Unsatisfactory

MILK SAMPLING – ANTIBIOTICS

Samples submitted to the County Analyst numbered 465 during the year, of which 2 gave readings indicating the presence of penicillin. Sampling and testing of in-farm milk for penicillin or other inhibitory substances were first introduced to Somerset in 1963 and the results have proved that there is not always strict compliance with the instructions covering the use of antibiotics in the treatment of mastitis, although there has been an improvement during the past twelve months. It is not generally appreciated that penicillin in milk at a level of about 0.05 I.U. per ml., can have adverse effects on certain people who may be, or possibly become, particularly sensitive to it.

FOOD HYGIENE (GENERAL) REGULATIONS

Food Premises Subject to the Above Regulations as at 31.12.68

	Number of Premises	Number of Premises Fitted to Comply With Regulation 16*	Number of Premises to Which Regulation 19 † Applies	Number of Premises Fitted to Comply With Regulation 19 †
Boroughs & Urbans	2,872	2,754	2,501	2,478
Rurals	2,126	2,142	1,763	1,763
TOTALS	4,998	4,896	4,264	4,241

* Provision of wash-handbasins

† Facilities for washing food and equipment

ANIMAL HEALTH

The following details have been obtained from the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food:-

	As at 31.12.68
(1) Approximate number of Cattle in County	409,230
(2) Number of herds	7,010
(3) Number of dairy herds	4,974
(4) Number of mixed herds (beef or dairy cross bred)	1,119
(5) Number of beef herds	907

HOSPITAL FARMS

Samples taken on behalf of the Ministry of Health for bacteriological examination from the one remaining hospital farm in the County numbered 4. The results of these samples are included in Table 'A' on page

MILK-IN SCHOOLS SCHEME

Details of milk samples taken from schools and other establishments during 1968 are set out in the following Table:-

BACTERIOLOGICAL SAMPLES OF MILK SUPPLIES TO SCHOOLS AND
OTHER COUNTY COUNCIL ESTABLISHMENTS IN 1968

	Pasteurised		Untreated		Total	% Unsat.
	Satis.	Unsat.	Satis.	Unsat.		
Schools	178	6	—	—	184	3.3
Central Kitchens	23	—	—	—	23	—
Self-Contained Canteens	28	6	1	—	45	13.3
Residential Nurseries, Day Nurseries and Children's Homes	13	1	6	—	20	5.0
Mental Health Training Centres	4	—	—	—	4	—
County Council Homes	31	3	3	—	37	8.1
TOTALS	287	16	10	—	313	5.1

ICE—CREAM

	Premises Registered For		
	Manufacture and Retail	Manufacture Only	Retail Only
Boroughs and Urbans	17	2	1,091
Rurals	5	—	1,189
TOTALS	22	. 2	2,280

Samples taken by Local Authorities and submitted to the Public Health Laboratories for bacteriological examination have proved generally satisfactory.

SCHOOL MEALS SERVICE

Visits to self-contained canteens and central kitchens were maintained throughout the year in order to examine meat supplied under contract. Three complaints were investigated but generally the quality of the meat supplied was found to be of a high standard.

SMOKE ACT, 1965

Somerset, being rural in character, has very few smoke problems. Portishead Urban District is the only area which has to contend with this particular nuisance, but by informal action atmospheric pollution was kept to a minimum, in fact conditions improved during the year.

TABLE 1

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1968

Cause of Death	Net deaths at the subjoined ages of "Residents" whether occurring within or without the District											
	All ages	Under 4 weeks	4 weeks and under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	75 and upwards
Enteritis and other diarrhoeal diseases	8	—	2	2	1	—	—	—	—	—	1	2
Tuberculosis of respiratory system	13	—	—	1	—	—	—	2	1	2	5	2
Other tuberculosis, incl. late effects	7	—	—	—	—	—	1	—	—	3	3	—
Meningococcal infection	1	—	1	—	—	—	—	—	—	—	—	—
Measles	1	—	—	1	—	—	—	—	—	—	—	—
Syphilis and its sequelae	2	—	—	—	—	—	—	—	—	1	1	—
Other infective and parasitic diseases	18	—	1	—	—	1	—	1	2	3	6	4
Malignant neoplasm — stomach	157	—	—	—	—	—	—	3	10	28	57	59
Malignant neoplasm — lung, bronchus	300	—	—	—	—	—	1	7	24	93	130	45
Malignant neoplasm — breast	141	—	—	—	—	2	—	20	19	34	38	28
Malignant neoplasm — uterus	37	—	—	—	—	—	—	1	8	14	5	9
Leukaemia	29	—	—	—	—	1	1	—	2	10	8	7
Other malignant neoplasms, etc.	659	—	—	2	2	3	3	24	56	131	212	226
Benign and unspecified neoplasms	15	—	—	—	2	—	—	—	1	4	3	5
Diabetes mellitus	66	—	—	—	—	—	—	1	1	11	21	32
Other endocrine etc. diseases	21	1	2	—	1	—	—	—	—	1	8	8
Anaemias	16	—	—	—	—	—	—	—	—	4	4	8
Other diseases of blood etc.	1	—	—	—	—	—	—	1	—	—	—	—
Mental disorders	10	—	—	—	—	—	—	—	1	—	3	6
Meningitis	5	1	—	—	1	—	—	—	2	—	1	—
Other diseases of nervous system etc.	86	—	1	2	4	3	3	6	6	8	24	29
Chronic rheumatic heart disease	77	—	—	—	—	1	—	3	11	23	19	20
Hypertensive disease	203	—	—	—	—	—	—	2	5	30	65	101
Ischaemic heart disease	1842	—	—	—	—	—	2	17	75	275	555	918
Other forms of heart disease	457	—	—	—	1	1	1	1	6	13	70	364
Cerebrovascular disease	1207	—	—	—	1	1	2	13	40	103	295	752
Other diseases of circulatory system	383	—	—	—	—	—	1	2	9	26	92	253
Influenza	54	—	—	—	—	—	—	1	—	4	7	42
Pneumonia	567	6	7	2	2	2	4	3	5	46	109	381
Bronchitis and Emphysema	293	—	—	1	—	—	—	2	7	36	106	141
Asthma	25	—	—	2	1	2	2	3	1	5	3	6
Other diseases of respiratory system	81	2	9	4	1	—	1	—	5	6	15	38
Peptic ulcer	44	—	—	—	—	—	—	—	3	4	14	23
Appendicitis	6	—	—	—	—	1	—	1	1	—	2	1
Intestinal obstruction and hernia	43	—	—	—	—	—	—	1	1	2	8	31
Cirrhosis of liver	21	—	—	—	—	1	—	—	5	7	5	3
Other diseases of digestive system	72	—	—	—	—	1	—	1	5	9	16	40
Nephritis and nephrosis	28	—	—	1	—	—	1	3	5	1	9	8
Hyperplasia of prostate	25	—	—	—	—	—	—	—	—	2	3	20
Other diseases, genito-urinary system	46	—	—	1	—	—	1	1	3	7	13	20
Other complications of pregnancy, etc.	1	—	—	—	—	—	1	—	—	—	—	—
Diseases of skin, subcutaneous tissue	4	—	—	—	—	—	—	—	—	—	1	3
Diseases of musculo-skeletal system	35	—	—	—	—	—	—	1	2	4	11	17
Congenital anomalies	50	23	9	2	—	5	1	2	5	2	—	1
Birth injury, difficult labour etc.	48	48	—	—	—	—	—	—	—	—	—	—
Other causes of perinatal mortality	19	18	1	—	—	—	—	—	—	—	—	—
Symptoms and ill-defined conditions	70	—	—	—	—	—	—	1	—	1	—	68
Motor vehicle accidents	84	—	—	3	4	22	5	6	9	10	12	13
All other accidents	84	—	6	2	5	4	6	4	5	10	8	34
Suicide and self-inflicted injuries	48	—	—	—	—	—	2	8	11	11	10	6
All other external causes	21	—	1	1	—	2	1	—	2	6	5	3
All causes	7531	99	40	27	26	53	40	142	354	990	1983	3777

CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1968

URBAN DISTRICTS

Causes of Death	Bridgwater	Burnham	Chard	Clevedon	Crewkerne	Frome	Glastonbury	Ilminster	Keynsham	Minehead	Norton-Radstock	Portishead	Shepton Mallet	Street	Taunton	Watchet	Wellington	Wells	Weston-super-Mare	Yeovil	TOTAL (Urban Districts)
itis and Other	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	4
rrhoeal Diseases	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	6
erculosis of	1	—	1	—	—	—	—	—	—	—	1	—	—	—	2	—	1	—	—	—	3
piratory System	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
r Tuberculosis,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
. Late Effects ...	2	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	5	1	12
ngococcal Infection	13	8	3	1	2	5	1	4	6	4	3	3	1	—	12	2	2	4	11	2	87
ilis and Its Sequelae	16	7	4	7	3	8	4	1	8	3	6	1	3	4	21	1	4	7	26	12	146
r Infective and	10	5	1	2	1	3	2	1	4	4	5	—	—	2	9	—	2	2	18	8	79
asitic Diseases ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
nant Neoplasm —	2	2	—	—	—	1	—	—	1	—	3	1	2	—	3	—	—	—	5	—	20
mach ...	1	1	—	2	—	—	—	—	1	—	—	—	—	—	3	1	—	—	5	2	16
nant Neoplasm ...	19	13	16	27	7	20	2	4	15	7	13	11	10	8	53	2	8	10	70	21	336
g, Bronchus ...	—	—	1	1	—	1	1	—	—	—	—	—	—	—	1	—	1	1	1	1	9
nant Neoplasm —	4	—	—	2	—	3	—	—	1	1	4	—	1	1	5	2	2	2	8	3	39
ast ...	—	—	—	—	2	1	1	—	—	1	1	—	—	1	1	—	—	1	—	1	10
nant Neoplasm —	1	—	—	—	—	—	1	—	1	—	—	—	—	—	3	—	2	—	4	—	12
rus ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
aemia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
r Malignant	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
plasms, etc. ...	19	13	16	27	7	20	2	4	15	7	13	11	10	8	53	2	8	10	70	21	336
n and Unspecified	—	—	1	1	—	1	1	—	—	—	—	—	—	—	1	—	1	1	1	1	9
plasms ...	4	—	—	2	—	3	—	—	1	1	4	—	1	1	5	2	2	2	8	3	39
etes Mellitus ...	—	—	—	—	2	1	1	—	—	1	1	—	—	1	1	—	—	1	—	1	10
r Endocrine etc.	1	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	2	—	4	—	12
ases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
mias ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
r Diseases of	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
od etc. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
al Disorders ...	—	—	1	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	—	1
ngitis ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	6
r Diseases of	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
ous System etc.	6	4	1	4	—	2	2	2	4	—	3	—	1	2	3	1	1	1	10	4	51
ic Rheumatic	1	1	—	1	3	1	2	1	1	2	2	—	3	1	4	—	2	3	6	2	36
rt Disease ...	19	7	7	2	1	3	3	1	6	4	2	—	2	6	11	2	10	2	24	2	114
ntensive Disease	56	48	19	62	23	52	22	5	50	30	50	22	14	14	105	3	27	21	238	110	971
emic Heart	28	4	13	7	8	4	3	5	5	14	5	2	10	5	22	4	9	13	53	23	237
ase ...	50	49	29	51	16	35	11	5	31	29	23	20	6	10	58	10	13	30	129	58	663
Forms of Heart	15	29	2	16	3	3	3	1	4	8	8	4	6	2	34	4	6	6	33	11	198
ase ...	2	—	1	9	—	—	—	—	1	2	1	—	1	2	2	—	3	—	7	2	33
rovascular Disease	20	3	10	21	5	18	4	4	3	19	5	7	5	6	39	6	14	5	45	31	270
Diseases of	19	9	2	12	—	2	1	—	6	14	7	3	6	—	18	2	5	7	37	14	164
ulatory System	1	—	—	1	1	—	—	—	—	2	—	—	—	—	—	—	1	2	2	—	10
enza ...	—	1	—	—	—	2	—	1	2	3	5	3	—	1	4	—	2	—	13	2	39
nonia ...	1	1	1	2	1	—	1	—	2	2	1	—	1	—	1	1	—	1	5	2	21
hitis and	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2
hysema ...	3	—	—	3	—	1	2	—	1	3	1	—	—	—	2	—	—	—	5	—	21
na ...	—	—	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	3	2	10
Diseases of	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
iratory System	1	1	1	2	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ndicitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
inal Obstruction	3	—	—	3	—	1	2	—	1	3	1	—	—	—	2	—	—	—	5	—	21
Hernia ...	—	—	1	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	3	2	10
osis of Liver ...	1	2	—	6	—	2	—	1	2	1	2	2	—	—	10	—	—	—	7	1	37
Diseases of	—	—	2	—	—	—	—	1	1	—	1	—	—	—	—	—	1	—	5	3	14
stive System ...	2	—	—	3	—	—	—	—	—	1	—	—	1	—	3	—	1	—	1	—	12
itis and Nephrosis	1	1	—	1	1	2	—	—	1	—	1	2	2	2	4	—	1	—	4	4	27
plasia of Prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases, Genito-	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ary System ...	1	1	—	1	1	2	—	—	1	—	1	2	2	2	4	—	1	—	4	4	27
es of Skin,	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
utaneous Tissue	2	1	—	2	—	1	—	—	2	—	1	—	—	—	1	—	—	—	—	—	—
es of Musculo-	5	—	2	—	—	—	1	1	2	1	1	—	—	—	5	—	1	—	3	2	24
etal System ...	4	1	2	—	—	1	5	—	1	—	1	2	—	1	3	—	—	1	2	1	25
ital Anomalies	1	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	—	—	—	—	6
injury, Difficult	2	1	2	—	—	—	—	—	—	1	5	—	2	1	3	—	—	—	—	1	—
ur etc. ...	2	3	2	1	—	3	2	—	2	2	—	1	3	1	7	—	—	13	1	3	34
Causes of Perinatal	4	3	—	2	3	2	1	1	2	1	4	2	1	1	3	—	—	1	5	5	40
ality ...	2	1	1	1	—	1	—	1	2	—	1	—	—	—	5	1	2	—	9	2	29
oms and Ill-	—	3	—	3	—	1	—	—	1	—	—	—	—	—	—	—	—	—	3	1	12
ed Conditions	2	1	2	—	—	—	—	—	—	1	5	—	2	1	3	—	—	—	—	—	—
Vehicle Accidents	2	3	2	1	—	3	2	—	2	2	—	1	3	1	7	—	—	13	1	3	34
her Accidents	4	3	—	2	3	2	1	1	2	1	4	2	1	1	3	—	—	1	5	5	40
e and Self-	2	1	1	1	—	1	—	1	2	—	1	—	—	—	5	1	2	—	9	2	29
ted Injuries ...	—	3	—	3	—	1	—	—	1	—	—	—	—	—	—	—	—	—	3	1	12
her External Causes	319	208	125	254	81	178	76	40	170	160	166	87	83	71	468	43	121	137	822	340	3,949

TABLE 3 CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1968
RURAL DISTRICTS

Causes of Death	Axbridge	Bathavon	Bridgwater	Chard	Clutton	Dulverton	Frome	Langport	Long Ashton	Shepton Mallet	Taunton	Wellington	Wells	Williton	Wincanton	Yeovil	TOTAL (Rural Districts)	COUNTY
Enteritis and Other																		
Diarrhoeal Diseases ...	1	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	4	
Tuberculosis of Respiratory																		
System ...	—	—	1	2	1	—	—	1	1	—	1	—	—	—	—	—	7	
Other Tuberculosis, incl.																		
Late Effects ...	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	1	4	
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Syphilis and Its Sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Infective and																		
Parasitic Diseases ...	1	—	2	—	—	—	—	—	1	—	1	—	—	—	—	1	6	
Malignant Neoplasm —																		
Stomach ...	5	2	7	7	6	1	3	3	7	2	11	1	5	2	3	5	70	
Malignant Neoplasm —																		
Lung, Bronchus	21	7	14	4	9	1	6	5	22	6	14	6	12	11	8	8	154	
Malignant Neoplasm —																		
Breast ...	6	2	7	3	5	—	—	1	8	3	5	3	6	3	5	5	62	
Malignant Neoplasm — Uterus	2	—	2	2	1	—	—	1	2	1	1	—	—	—	1	4	17	
Leukaemia ...	1	—	—	—	—	1	1	—	4	—	1	—	1	1	1	2	13	
Other Malignant Neoplasms,																		
etc. ...	49	22	27	12	13	7	6	24	25	12	32	11	15	18	25	25	323	
Benign and Unspecified																		
Neoplasms ...	1	—	—	—	1	—	—	1	—	—	1	—	—	1	—	1	6	
Diabetes Mellitus ...	3	2	3	—	1	—	—	2	2	4	2	2	1	2	2	1	27	
Other Endocrine etc.																		
Diseases ...	1	—	1	—	1	—	—	3	1	—	2	1	1	—	—	—	11	
Anaemias ...	1	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	4	
Other Diseases of Blood	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Mental Disorders ...	1	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	4	
Meningitis ...	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	2	
Other Diseases of Nervous																		
System, etc. ...	8	2	3	1	3	1	1	2	5	—	3	3	1	1	—	1	35	
Chronic Rheumatic Heart																		
Disease ...	5	3	1	4	4	1	—	2	6	—	2	1	1	5	3	3	41	
Hypertensive Disease ...	16	3	17	5	6	3	4	3	1	—	8	3	3	9	5	3	89	
Ischaemic Heart Disease	118	48	56	43	57	5	29	43	82	16	79	23	69	49	72	82	871	
Other Forms of Heart																		
Disease ...	31	13	24	12	8	4	7	16	13	10	18	5	16	16	13	14	220	
Cerebrovascular Disease...	89	36	35	27	17	8	23	23	45	22	58	19	19	34	58	31	544	
Other Diseases of																		
Circulatory System ...	23	7	11	8	8	2	4	10	20	4	26	4	2	12	28	16	185	
Influenza ...	2	2	4	—	1	—	1	1	1	—	2	—	1	2	2	2	21	
Pneumonia ...	21	19	22	12	12	5	13	14	33	4	42	8	32	24	17	19	297	
Bronchitis and Emphysema	16	6	12	4	13	1	3	6	18	5	15	1	6	11	3	9	129	
Asthma ...	1	—	2	1	1	1	2	—	1	2	1	1	1	1	—	—	15	
Other Diseases of																		
Respiratory System ...	9	3	—	2	2	1	3	—	2	3	2	2	1	8	3	1	42	
Peptic Ulcer ...	3	2	—	—	4	1	1	2	2	1	1	1	—	2	1	2	23	
Appendicitis ...	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	1	4	
Intestinal Obstruction and																		
Hernia ...	3	3	2	—	2	—	4	2	2	—	3	—	—	—	—	1	22	
Cirrhosis of Liver ...	3	—	1	—	—	—	—	—	1	1	—	1	1	—	—	3	11	
Other Diseases of																		
Digestive System ...	4	1	2	—	2	—	1	4	4	3	1	5	1	4	—	3	35	
Nephritis and Nephrosis	4	1	—	—	—	—	—	1	1	1	1	2	—	—	1	2	14	
Hyperplasia of Prostate ...	3	—	—	1	—	—	—	2	1	1	2	—	—	1	—	2	13	
Other Diseases, Genito-																		
Urinary System ...	—	1	1	2	4	—	—	—	3	2	1	—	—	2	—	3	19	
Other Complications of																		
Pregnancy, etc. ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	
Diseases of Skin, Subcutan-																		
eous Tissue ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	3	
Diseases of Musculo-Skeletal																		
System ...	1	3	—	1	2	—	—	1	2	—	1	—	—	2	3	—	16	
Congenital Anomalies ...	2	1	1	—	3	1	—	2	5	1	2	—	1	3	1	3	26	
Birth Injury, Difficult																		
Labour, etc. ...	3	—	5	3	2	—	1	—	1	—	—	—	—	2	5	1	23	
Other Causes of Perinatal																		
Mortality ...	2	—	—	—	1	—	—	—	4	2	1	—	—	—	3	—	13	
Symptoms and Ill-																		
Defined Conditions ...	1	1	—	3	2	1	—	—	1	4	8	4	2	6	—	3	36	
Motor Vehicle Accidents	7	2	4	—	2	—	1	5	3	—	10	—	—	1	4	5	44	
All Other Accidents ...	6	7	4	1	5	—	2	1	1	6	2	2	5	1	1	2	46	
Suicide and Self-Inflicted																		
Injuries ...	3	—	2	2	—	—	—	1	—	—	3	—	1	4	2	1	19	
All Other External Causes	1	—	1	—	2	—	—	—	—	—	3	1	1	—	—	—	9	
All Causes ...	478	203	275	163	204	46	117	183	332	116	371	110	206	239	271	268	3,582	

TABLE 4

TABLE SHOWING FOR EACH URBAN DISTRICT, THE NUMBER OF BIRTHS, AND DEATHS, THE NUMBER OF DEATHS OF INFANTS, ALSO THE BIRTH RATE, DEATH RATE, AND RATE OF INFANTILE MORTALITY

Urban Districts	Live Births	Still Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Bridgwater ...	519	8	319	10	26,730	19.4	19.0	11.9	11.5	19
Burnham ...	152	4	208	1	11,410	13.3	16.9	18.2	11.8	7
Chard ...	136	3	125	3	7,030	19.3	21.6	17.8	11.6	22
Clevedon ...	194	3	254	1	13,830	14.0	17.5	18.4	9.9	5
Crewkerne ...	71	—	81	—	5,060	14.0	18.8	16.0	16.5	—
Frome ...	260	9	178	1	12,530	20.8	22.7	14.2	10.4	4
Glastonbury ...	89	1	76	6	6,280	14.2	15.5	12.1	11.8	67
Ilminster ...	52	—	40	1	2,900	17.9	17.5	13.8	13.4	19
Keynsham ...	229	3	170	3	17,870	12.8	11.6	9.5	10.6	13
Minehead ...	101	2	160	1	7,710	13.1	17.7	20.8	10.4	10
Norton-Radstock	266	5	166	3	14,420	18.4	18.9	11.5	11.4	11
Portishead ...	142	—	87	2	7,790	18.2	18.2	11.2	13.8	14
Shepton Mallet	94	—	83	—	5,640	16.7	17.5	14.7	12.6	—
Street ...	133	2	71	3	8,040	16.5	17.3	8.8	10.2	23
Taunton ...	551	7	468	13	37,440	14.7	15.0	12.5	12.0	24
Watchet ...	45	1	43	—	2,700	16.7	19.2	15.9	14.9	—
Wellington ...	128	2	121	1	8,180	15.6	17.8	14.8	10.4	8
Wells ...	124	1	137	1	8,010	15.5	18.6	17.1	7.9	8
Weston-super-Mare	688	10	822	9	47,790	14.4	17.3	17.2	10.8	13
Yeovil ...	395	5	340	4	25,720	15.4	16.3	13.2	11.7	10
TOTAL of Urban Districts	4,369	66	3,949	63	277,080	15.8	17.2	14.3	11.1	14

TABLE 5

TABLE SHOWING, FOR EACH RURAL DISTRICT, THE NUMBER OF BIRTHS, AND DEATHS, THE NUMBER OF DEATHS OF INFANTS, ALSO THE BIRTH RATE, DEATH RATE, AND RATE OF INFANTILE MORTALITY

Rural Districts	Live Births	Still Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Axbridge ...	544	8	478	8	37,030	14.7	16.9	12.9	12.5	15
Bathavon ...	253	7	203	6	18,290	13.8	14.5	11.1	10.3	24
Bridgwater ...	473	1	275	7	25,410	18.6	19.5	10.8	10.7	15
Chard ...	178	3	163	3	12,720	14.0	17.1	12.8	10.7	17
Clutton ...	290	7	204	5	19,510	14.9	16.1	10.5	10.0	17
Dulverton ...	43	1	46	1	4,080	10.5	13.0	11.3	10.1	23
Frome ...	162	2	117	2	12,150	13.3	15.0	9.6	9.5	12
Langport ...	216	2	183	3	14,380	15.0	15.0	12.7	11.2	14
Long Ashton ...	591	8	332	11	37,430	15.8	15.0	8.9	9.0	19
Shepton Mallet	177	—	116	4	10,720	16.5	18.0	10.8	9.9	23
Taunton ...	391	5	371	4	25,480	15.3	16.7	14.6	11.1	10
Wellington ...	119	2	110	—	8,430	14.1	16.1	13.0	11.0	—
Wells ...	155	1	206	1	11,060	14.0	14.7	18.6	10.6	6
Williton ...	182	3	239	8	13,670	13.3	17.2	17.5	12.2	44
Wincanton ...	244	8	271	10	16,940	14.4	16.8	16.0	11.8	41
Yeovil ...	479	2	268	3	28,580	16.8	16.0	9.4	10.0	6
TOTAL of Rural Districts	4,497	60	3,582	76	295,880	15.2	16.6	12.1	10.6	17
Administrative County	8,866	126	7,531	139	572,960	15.5	16.9	13.1	10.9	16

TABLE 6

NOTIFICATION OF INFECTIOUS DISEASES

	Acute encephalitis	Acute meningitis	Anthrax	Diphtheria	Dysentery	Infective jaundice	Measles	Ophthalmia neonatorum	Paratyphoid fever	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
URBAN DISTRICTS														
Bridgwater ...	1	1	1	1	1	—	208	—	—	5	—	3	—	4
Burnham ...	1	1	1	1	6	—	134	—	—	—	—	—	—	—
Chard ...	1	1	1	1	1	—	26	—	—	—	—	—	—	—
Clevedon ...	1	1	1	1	66	1	27	—	—	2	—	1	—	6
Crewkerne ...	1	1	1	1	5	1	67	—	—	—	—	1	—	—
Frome ...	1	1	1	1	—	—	6	—	—	—	—	—	—	2
Glastonbury ...	1	1	1	1	—	—	23	—	—	—	—	1	—	—
Ilminster ...	1	1	1	1	—	—	18	—	—	—	—	—	—	1
Keynsham ...	1	1	1	1	—	1	35	—	—	—	—	—	—	8
Minehead ...	1	1	1	1	1	—	19	—	—	—	—	—	—	—
Norton-Radstock	1	1	1	1	—	—	81	—	—	2	—	—	—	2
Portishead ...	1	1	1	1	—	—	4	—	—	—	—	—	—	—
Shepton Mallet	1	1	1	1	—	—	60	—	—	—	—	—	—	—
Street ...	1	1	1	1	—	—	162	—	—	—	—	—	—	1
Taunton ...	2	—	—	—	1	30	589	—	—	10	—	10	—	10
Watchet ...	1	—	—	—	—	—	1	—	—	—	—	—	—	—
Wellington ...	1	—	—	—	—	2	2	11	—	—	—	—	—	—
Wells ...	1	—	—	—	2	—	17	—	—	1	—	—	—	3
Weston-super-Mare	1	—	—	—	—	10	134	—	—	10	—	4	—	13
Yeovil ...	1	—	—	—	—	2	80	—	—	3	—	4	—	3
RURAL DISTRICTS														
Axbridge ...	—	—	—	—	—	2	280	—	—	9	—	1	—	28
Bathavon ...	—	—	—	—	2	7	57	—	—	10	—	1	—	7
Bridgwater ...	—	—	—	—	—	—	292	—	—	8	—	—	—	11
Chard ...	—	—	—	—	—	—	37	—	—	—	—	—	—	1
Clutton ...	—	—	—	—	—	1	161	—	—	4	—	3	—	—
Dulverton ...	—	—	—	—	—	—	1	—	—	—	—	—	—	5
Frome ...	—	—	—	—	1	—	19	—	—	3	—	2	—	5
Langport ...	—	—	—	—	—	—	85	—	—	4	—	2	—	23
Long Ashton ...	—	—	—	—	12	12	132	—	—	21	—	—	—	44
Shepton Mallet	—	—	—	—	—	—	48	—	—	4	—	—	—	—
Taunton ...	—	—	—	—	23	22	231	—	—	5	—	1	—	9
Wellington ...	—	—	—	—	—	1	40	—	—	1	—	2	—	—
Wells ...	—	—	—	—	—	—	55	—	—	—	—	—	—	5
Williton ...	—	—	—	—	—	1	33	—	—	2	—	—	—	4
Wincanton ...	—	—	—	—	—	6	49	—	—	3	—	1	—	4
Yeovil ...	—	—	—	—	1	—	29	—	—	14	—	4	—	2
Urban Districts	2	1	—	—	83	47	1,693	11	—	33	—	24	—	53
Rural Districts	—	—	—	—	39	52	1,549	—	—	88	—	17	—	148
Administrative County ...	2	1	—	—	122	99	3,242	11	—	121	—	41	—	201
Comparative Figures for 1967	—	—	—	—	94	—	7,985	5	1	115	—	38	—	204

